

**BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE
AGENDA ITEM SUMMARY**

AGENDA ITEM: 8.1
DATE: September 19, 2008

ACTION REQUESTED: Adopt/Modify Positions on Bills of Interest to the Board

REQUESTED BY: Louise Bailey, MEd, RN
Nursing Education Consultant

BACKGROUND:

ASSEMBLY BILLS:

AB 211
AB 994
AB 1605
AB 2637
AB 2649

SENATE BILLS:

SB 1393
SB 1441
SB 1621

NEXT STEP: Place on Board Agenda

**FISCAL IMPLICATIONS,
IF ANY:** None

PERSON(S) TO CONTACT: Louise Bailey, MEd, RN
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**BOARD OF REGISTERED NURSING
ASSEMBLY BILLS 2007/2008
SEPTEMBER 19, 2008**

BILL #	AUTHOR	SUBJECT	COMM POSITION	BOARD POSITION	BILL STATUS
AB 211	Jones	Public Health: Confidential Medical Information			Enrolled
AB 865	Davis	State agencies: live customer service agents	Watch	Watch	No Longer Applicable to BRN
AB 994	Parra	Health Care: Nurse Training Scholarship Pilot Program			Enrolled
AB 1436	Hernandez	Nurse Practitioners	Watch	Watch	Held in Committee
AB 1605	Lieber	The State Department of Public Health: Public Health Nurse	Support	Support	Enrolled
AB 1916	Portantino	Community Colleges: Faculty	Support	Support	No Longer Applicable to BRN
AB 1925	Eng	Franchise Tax Board	--	Oppose	Senate Failed Passage
AB 2115	Mullin	Childhood Lead Screening	Support If Amended	Support if Amended	No longer applicable to BRN
AB 2375	Hernandez	Health Professions Workforce: Master Plan	Support	Support	Senate – Suspense File
AB 2398	Nakanishi	Cosmetic Surgery: Employment of Physicians and Surgeons	Watch	Oppose	No Longer Applicable to BRN
AB 2543	Berg	Geriatric and Gerontology Workforce Expansion Act	Watch	Oppose	No Longer Applicable to BRN
AB 2637	Eng	Dental Auxiliaries			Senate Third Read
AB 2649	Ma	Neuropathy Foundation	--	Support	Enrolled
AB 2734	Kekorian	Health Care Practitioners: business cards and advertisements	Watch	Watch	Assembly Failed Passage
AB 3037	Eng	Boards and Commissions	Watch	Watch	Inactive File

Bold denotes a bill which was amended subsequent to the Board's position or is a new bill for Board consideration.

**BOARD OF REGISTERED NURSING
SENATE BILLS 2007/2008
SEPTEMBER 19, 2008**

BILL #	AUTHOR	SUBJECT	COMM POSITION	BOARD POSITION	BILL STATUS
SB 963	Ridley-Thomas	Regulatory Boards: Operation	Oppose	Oppose	No Longer Applicable to BRN
SB 1288	Scott	California State University: Doctor or Nursing Practice Degree	Support	Support	Held in Committee
SB 1393	Scott	Nursing Programs	--	Support	Chaptered 175
SB 1441	Ridley-Thomas	Healing Arts Practitioners: Alcohol and Drug Abuse	--	Support	Enrolled
SB 1454	Ridley-Thomas	Healing Arts	--	Oppose	Held in Committee
SB 1487	Negrete McLeod	Emergency Medical Services: Diabetes	Oppose unless amended	Oppose unless amended	Senate Hearing Cancelled
SB 1521	Cedillo	School Nurse Loan Assumption Program	Support	Support	Failed Passage
SB 1620	Ashburn	Community College Nursing Faculty	Support	Support	Hearing Postponed
SB 1621	Ashburn	Nursing Education	--	Support	Chaptered 183
SB 1721	Yee	Health Facilities: Direct Care Nurses	Support	Support	Held in Committee
SB 1779	Committee on Business, Professions and Economic Development	Healing Arts (Omnibus Bill)	Support	Support	Enrolled

Bold denotes a bill which was amended subsequent to the Board's position or is a new bill for Board consideration.

**BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE
September 19, 2008**

BILL ANALYSIS

AUTHOR:	Jones	BILL NUMBER:	AB 211
SPONSOR:	California Department of Public Health	BILL STATUS:	Enrolled
SUBJECT:	Public Health: Confidential Medical Information	DATE LAST AMENDED:	8/22/08

SUMMARY:

Existing law prohibits a health care provider, health care service plan, or contractor from disclosing medical information regarding a patient of the provider or an enrollee or subscriber of the health care service plan without authorization, except as specified. Existing law makes it a misdemeanor to violate these provisions resulting in economic loss or personal injury to a patient, as specified. In addition, existing law authorizes administrative fines and civil penalties against any person or entity that negligently discloses, or knowingly and willfully obtains, discloses, or uses medical information in violation of these provisions, as specified. Existing law specifies the entities that may bring a civil action to recover civil penalties.

ANALYSIS:

This bill would establish, within the Department of Public Health, the Office of Health Information Integrity for the purpose of ensuring the enforcement of state law mandating the confidentiality of medical information. There would be a director appointed to this office by the Secretary of California Health and Human Services. The office would have the authority to impose administrative fines for the unauthorized use of medical information. Any licensed health care professional, who knowing and willfully obtains, discloses, or violates the use of medical information would be fined as follows:

- First violation - not to exceed \$2,500 per violation
- Second violation - not to exceed \$10,000 per violation
- Third violation - not to exceed \$25,000 per violation

Any licensed health care professional who violates the use of medical information for **financial gain** would be fined as follows:

- First violation - \$5,000 per violation
- Second violation - \$25,000 per violation
- Third violation - \$250,000 per violation

This bill would permit the director to send a recommendation for further investigation, or discipline for, a potential violation, to the licensee's licensing authority.

It would also require, every provider of health care to establish and implement appropriate administrative, technical, and physical safeguards to protect the privacy of a patient's medical information

BOARD POSITION:

LEGISLATIVE COMMITTEE RECOMMENDED POSITION: Support (9/3/09)

SUPPORT:

California Department of Public Health

American Civil Liberties Union
California Hospital Association
AIDS Health Foundation
California Medical Association

OPPOSE:

None

AMENDED IN SENATE AUGUST 22, 2008
AMENDED IN SENATE AUGUST 12, 2008
AMENDED IN SENATE AUGUST 6, 2008
AMENDED IN SENATE JULY 1, 2008
AMENDED IN SENATE JUNE 12, 2008
AMENDED IN SENATE SEPTEMBER 5, 2007
CALIFORNIA LEGISLATURE—2007–08 REGULAR SESSION

ASSEMBLY BILL

No. 211

Introduced by Assembly Member Jones
(Coauthors: Senators ~~Kuehl~~ *Alquist, Kuehl*, and Torlakson)

January 25, 2007

An act to amend Section 56.36 of the Civil Code, ~~to add Section 101037 to~~, *and to add* and Division 109 (commencing with Section 130200) to, the Health and Safety Code, relating to health.

LEGISLATIVE COUNSEL'S DIGEST

AB 211, as amended, Jones. Public health.

~~Existing law permits the establishment of the position of county health officer for the performance of various duties and powers relating to public health.~~

~~This bill would authorize the local health officer to provide assistance to cities and counties with regard to public health issues as they relate to local land use planning and transportation planning processes.~~

Existing law prohibits a health care provider, health care service plan, or contractor from disclosing medical information regarding a patient of the provider or an enrollee or subscriber of the health care service

plan without authorization, except as specified. Existing law makes it a misdemeanor to violate these provisions resulting in economic loss or personal injury to a patient, as specified. In addition, existing law authorizes administrative fines and civil penalties against any person or entity that negligently discloses, or knowingly and willfully obtains, discloses, or uses medical information in violation of these provisions, as specified. Existing law specifies the entities that may bring a civil action to recover civil penalties.

This bill would require every provider of health care, as defined, to ~~prevent the unlawful access, use, or disclosure~~ *implement appropriate specified safeguards to protect the privacy* of a patient's medical information. The bill would require every provider of health care to ~~monitor employees who have access to patient medical information, as specified, to ensure compliance. The bill would also require a provider to establish and maintain appropriate safeguards and policies to ensure the confidentiality and security of medical information, as specified~~ *reasonably safeguard confidential medical information from unauthorized or unlawful access, use, or disclosure*. The bill would establish within the California Health and Human Services Agency the Office of Health Information Integrity to assess and impose administrative fines for a violation of these provisions, as provided. The director would be appointed by the Secretary of California Health and Human Services. The bill would establish the Internal Health Information Integrity Quality Improvement Account for the deposit of funds derived from these penalties. Upon appropriation by the Legislature, the bill would authorize money in the account to be used to support quality improvement activities. The bill would also authorize the director to ~~make send a recommendation to the licensing authority of a health care provider for further investigation of, or discipline of the licensee, as specified, and to recommend that a civil action to collect penalties be commenced for, a potential violation to the licensee's relevant licensing authority.~~

This bill would provide that any costs created pursuant to this act associated with the implementation and operation of the Office of Health Information Integrity shall be funded through non-General Fund sources.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. Section 56.36 of the Civil Code is amended to
2 read:

3 56.36. (a) Any violation of the provisions of this part that
4 results in economic loss or personal injury to a patient is punishable
5 as a misdemeanor.

6 (b) In addition to any other remedies available at law, any
7 individual may bring an action against any person or entity who
8 has negligently released confidential information or records
9 concerning him or her in violation of this part, for either or both
10 of the following:

11 (1) Nominal damages of one thousand dollars (\$1,000). In order
12 to recover under this paragraph, it shall not be necessary that the
13 plaintiff suffered or was threatened with actual damages.

14 (2) The amount of actual damages, if any, sustained by the
15 patient.

16 (c) (1) In addition, any person or entity that negligently
17 discloses medical information in violation of the provisions of this
18 part shall also be liable, irrespective of the amount of damages
19 suffered by the patient as a result of that violation, for an
20 administrative fine or civil penalty not to exceed two thousand
21 five hundred dollars (\$2,500) per violation.

22 (2) (A) Any person or entity, other than a licensed health care
23 professional, who knowingly and willfully obtains, discloses, or
24 uses medical information in violation of this part shall be liable
25 for an administrative fine or civil penalty not to exceed twenty-five
26 thousand dollars (\$25,000) per violation.

27 (B) Any licensed health care professional, who knowingly and
28 willfully obtains, discloses, or uses medical information in violation
29 of this part shall be liable on a first violation, for an administrative
30 fine or civil penalty not to exceed two thousand five hundred
31 dollars (\$2,500) per violation, or on a second violation for an
32 administrative fine or civil penalty not to exceed ten thousand
33 dollars (\$10,000) per violation, or on a third and subsequent
34 violation for an administrative fine or civil penalty not to exceed
35 twenty-five thousand dollars (\$25,000) per violation. Nothing in
36 this subdivision shall be construed to limit the liability of a health
37 care service plan, a contractor, or a provider of health care that is

1 not a licensed health care professional for any violation of this
2 part.

3 (3) (A) Any person or entity, other than a licensed health care
4 professional, who knowingly or willfully obtains or uses medical
5 information in violation of this part for the purpose of financial
6 gain shall be liable for an administrative fine or civil penalty not
7 to exceed two hundred fifty thousand dollars (\$250,000) per
8 violation and shall also be subject to disgorgement of any proceeds
9 or other consideration obtained as a result of the violation.

10 (B) Any licensed health care professional, who knowingly and
11 willfully obtains, discloses, or uses medical information in violation
12 of this part for financial gain shall be liable on a first violation, for
13 an administrative fine or civil penalty not to exceed five thousand
14 dollars (\$5,000) per violation, or on a second violation for an
15 administrative fine or civil penalty not to exceed twenty-five
16 thousand dollars (\$25,000) per violation, or on a third and
17 subsequent violation for an administrative fine or civil penalty not
18 to exceed two hundred fifty thousand dollars (\$250,000) per
19 violation and shall also be subject to disgorgement of any proceeds
20 or other consideration obtained as a result of the violation. Nothing
21 in this subdivision shall be construed to limit the liability of a
22 health care service plan, a contractor, or a provider of health care
23 that is not a licensed health care professional for any violation of
24 this part.

25 (4) Nothing in this subdivision shall be construed as authorizing
26 an administrative fine or civil penalty under both paragraphs (2)
27 and (3) for the same violation.

28 (5) Any person or entity who is not permitted to receive medical
29 information pursuant to this part and who knowingly and willfully
30 obtains, discloses, or uses medical information without written
31 authorization from the patient shall be liable for a civil penalty not
32 to exceed two hundred fifty thousand dollars (\$250,000) per
33 violation.

34 (d) In assessing the amount of an administrative fine or civil
35 penalty pursuant to subdivision (c), the Office of Health
36 Information Integrity, licensing agency, or certifying board or
37 court shall consider any one or more of the relevant circumstances
38 presented by any of the parties to the case including, but not limited
39 to, the following:

1 (1) Whether the defendant has made a reasonable, good faith
2 attempt to comply with this part.

3 (2) The nature and seriousness of the misconduct.

4 (3) The harm to the patient, enrollee, or subscriber.

5 (4) The number of violations.

6 (5) The persistence of the misconduct.

7 (6) The length of time over which the misconduct occurred.

8 (7) The willfulness of the defendant's misconduct.

9 (8) The defendant's assets, liabilities, and net worth.

10 (e) (1) The civil penalty pursuant to subdivision (c) shall be
11 assessed and recovered in a civil action brought in the name of the
12 people of the State of California in any court of competent
13 jurisdiction by any of the following:

14 (A) The Attorney General.

15 (B) Any district attorney.

16 (C) Any county counsel authorized by agreement with the
17 district attorney in actions involving violation of a county
18 ordinance.

19 (D) Any city attorney of a city.

20 (E) Any city attorney of a city and county having a population
21 in excess of 750,000, with the consent of the district attorney.

22 (F) A city prosecutor in any city having a full-time city
23 prosecutor or, with the consent of the district attorney, by a city
24 attorney in any city and county.

25 (G) The Director of the Office of Health Information Integrity
26 may recommend that any person described in subparagraphs (A)
27 to (F), inclusive, bring a civil action under this section.

28 (2) If the action is brought by the Attorney General, one-half
29 of the penalty collected shall be paid to the treasurer of the county
30 in which the judgment was entered, and one-half to the General
31 Fund. If the action is brought by a district attorney or county
32 counsel, the penalty collected shall be paid to the treasurer of the
33 county in which the judgment was entered. Except as provided in
34 paragraph (3), if the action is brought by a city attorney or city
35 prosecutor, one-half of the penalty collected shall be paid to the
36 treasurer of the city in which the judgment was entered and one-half
37 to the treasurer of the county in which the judgment was entered.

38 (3) If the action is brought by a city attorney of a city and
39 county, the entire amount of the penalty collected shall be paid to

1 the treasurer of the city and county in which the judgment was
2 entered.

3 (4) Nothing in this section shall be construed as authorizing
4 both an administrative fine and civil penalty for the same violation.

5 (5) Imposition of a fine or penalty provided for in this section
6 shall not preclude imposition of any other sanctions or remedies
7 authorized by law.

8 (6) Administrative fines or penalties issued pursuant to Section
9 1280.15 of the Health and Safety Code shall offset any other
10 administrative fine or civil penalty imposed under this section for
11 the same violation.

12 (f) For purposes of this section, “knowing” and “willful” shall
13 have the same meanings as in Section 7 of the Penal Code.

14 (g) No person who discloses protected medical information in
15 accordance with the provisions of this part shall be subject to the
16 penalty provisions of this part.

17 (h) Paragraph (6) of subdivision (e) shall only become operative
18 if Senate Bill 541 of the 2007–08 Regular Session is enacted and
19 becomes effective on or before January 1, 2009.

20 ~~SEC. 2. Section 101037 is added to the Health and Safety Code,~~
21 ~~to read:~~

22 ~~101037. The county local health officer may provide assistance~~
23 ~~to cities and counties with regard to public health issues as they~~
24 ~~relate to local land use planning and transportation planning~~
25 ~~processes. This assistance may relate to areas that include, but are~~
26 ~~not limited to, all of the following:~~

27 ~~(a) The prevention of obesity and chronic diseases, such as~~
28 ~~diabetes, some forms of cancer, arthritis and stroke in relation to~~
29 ~~physical activity, and issues of ease of walking and biking and~~
30 ~~vehicle miles traveled.~~

31 ~~(b) Respiratory disease and air quality.~~

32 ~~(c) Injury prevention and motor vehicle crashes.~~

33 ~~(d) Healthier eating opportunities and community design.~~

34 ~~(e) Drinking water quality.~~

35 ~~(f) Mental well-being and parks, trails, and open space.~~

36 ~~(g) Social capital and sense of community.~~

37 ~~(h) Violence prevention and street safety.~~

38 ~~SEC. 3.~~

39 ~~SEC. 2. Division 109 (commencing with Section 130200) is~~
40 ~~added to the Health and Safety Code, to read:~~

DIVISION 109. OFFICE OF HEALTH INFORMATION
INTEGRITY

130200. There is hereby established within the California Health and Human Services Agency the Office of Health Information Integrity to ensure the enforcement of state law mandating the confidentiality of medical information and to impose administrative fines for the unauthorized use of medical information. The Office of Health Information Integrity shall be administered by a director who shall be appointed by the Secretary of California Health and Human Services.

130201. For purposes of this division, the following definitions apply:

(a) “Director” means the Director of the Office of Health Information Integrity.

(b) “Medical information” means the term as defined in subdivision (g) of Section 56.05 of the Civil Code.

(c) “Office” means the Office of Health Information Integrity.

(d) “Provider of health care” means the term as defined in subdivision (j) of Section 56.05 and Section 56.06 of the Civil Code.

(e) “Unauthorized access” means the inappropriate review or viewing of patient medical information without a direct need for ~~medical~~ diagnosis, treatment, or other lawful use *as permitted by the Confidentiality of Medical Information Act (Part 2.6 (commencing with Section 56) of Division 1 of the Civil Code) or by other statutes or regulations governing the lawful access, use, or disclosure of medical information.*

130202. (a) (1) Upon receipt of a referral from the State Department of Public Health, the office may assess an administrative fine against any person or any provider of health care, *whether licensed or unlicensed*, for any violation of this division in an amount as provided in Section 56.36 of the Civil Code. Proceedings against any person or entity for a violation of this section shall be held in accordance with administrative adjudication provisions of Chapter 4.5 (commencing with Section 11400) and Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code.

(2) *Paragraph (1) shall not apply to a clinic, health facility, agency, or hospice licensed pursuant to Section 1204, 1250, 1725,*

1 *or 1745 if Senate Bill 541 of the 2007–08 Regular Session is*
2 *enacted and becomes effective on or before January 1, 2009.*

3 ~~(2)~~

4 (3) Nothing in paragraph (1) shall be construed as authorizing
5 the office to assess the administrative penalties described in Section
6 1280.15 of the Health and Safety Code.

7 (b) The office shall adopt, amend, or repeal, in accordance with
8 the provisions of Chapter 3.5 (commencing with Section 11340)
9 of Part 1 of Division 3 of Title 2 of the Government Code, such
10 rules and regulations as may be reasonable and proper to carry out
11 the purposes and intent of this division, and to enable the authority
12 to exercise the powers and perform the duties conferred upon it
13 by this division not inconsistent with any other provision of law.

14 (c) Paragraph ~~(2)~~ (3) of subdivision (a) shall only become
15 operative if Senate Bill 541 of the 2007–08 Regular Session is
16 enacted and becomes effective on or before January 1, 2009.

17 130203. (a) Every provider of health care shall ~~prevent the~~
18 ~~unauthorized access or unlawful access, use, or disclosure of a~~
19 ~~patient's medical information. Every provider of health care whose~~
20 ~~employees have access to medical information shall monitor the~~
21 ~~electronic access to patient medical information to ensure~~
22 ~~compliance with this section. Every provider of health care shall~~
23 ~~establish and maintain appropriate administrative, organizational,~~
24 ~~technical, and physical safeguards, and policies and procedures to~~
25 ~~ensure the privacy, confidentiality, security, and integrity of~~
26 ~~medical information that is accessed, maintained, retained,~~
27 ~~modified, recorded, stored, destroyed, or otherwise used or~~
28 ~~disclosed.~~ *establish and implement appropriate administrative,*
29 *technical, and physical safeguards to protect the privacy of a*
30 *patient's medical information. Every provider of health care shall*
31 *reasonably safeguard confidential medical information from any*
32 *unauthorized access or unlawful access, use, or disclosure.*

33 (b) In exercising its duties pursuant to this division, the office
34 ~~may consider the provider's~~ *shall consider the provider's*
35 *capability, complexity, size, and history of compliance with this*
36 *section and other related state and federal statutes and regulations,*
37 *the extent to which the provider detected violations and took steps*
38 *to immediately correct and prevent past violations from*
39 *reoccurring, and factors beyond the provider's immediate control*
40 *that restricted the facility's ability to comply with this section.*

1 130204. The Internal Health Information Integrity Quality
2 Improvement Account is hereby created in the State Treasury. *All*
3 *administrative fines assessed by the office pursuant to Section*
4 *56.36 of the Civil Code shall be deposited in the Internal Health*
5 *Information Integrity Quality Improvement Account.*
6 *Notwithstanding Section 16305.7 of the Government Code, all*
7 *interest earned on the moneys deposited in the account shall be*
8 *retained in the account.* Upon appropriation by the Legislature,
9 money in the account shall be used for the purpose of supporting
10 quality improvement activities in the office. ~~Notwithstanding~~
11 ~~Section 16505.7 of the Government Code, all interest earned on~~
12 ~~the moneys deposited in the fund shall be retained in the fund.~~
13 ~~activities in the office.~~

14 ~~130205. When information comes to the attention of the~~
15 ~~director that a provider of health care has committed any act or~~
16 ~~omission that appears to constitute a violation of this division, the~~
17 ~~director shall send a recommendation to the licensing authority of~~
18 ~~the provider of health care for further investigation or discipline~~
19 ~~of the licensee.~~

20 130205. *Notwithstanding any other provision of law, the*
21 *director may send a recommendation for further investigation of,*
22 *or discipline for, a potential violation of this division to the*
23 *licensee's relevant licensing authority.* The recommendation shall
24 include all documentary evidence collected by the director in
25 evaluating whether or not to make that recommendation. The
26 recommendation and accompanying evidence shall be deemed in
27 the nature of an investigative communication and be protected by
28 Section 6254 of the Government Code. The licensing authority of
29 the provider of health care shall review all evidence submitted by
30 the director and may take action for further investigation or
31 discipline of the licensee.

32 SEC. 3. *Any costs created pursuant to this act associated with*
33 *the implementation and operation of the Office of Health*
34 *Information Integrity or the implementation of Division 109*
35 *(commencing with Section 130200) of the Health and Safety Code*
36 *shall be funded through non-General Fund sources.*

**BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE
September 19, 2008**

BILL ANALYSIS

AUTHOR:	Parra	BILL NUMBER:	AB 994
SPONSOR:	Parra	BILL STATUS:	Enrolled
SUBJECT:	Health Care: nurse training scholarship pilot program	DATE LAST AMENDED:	6/28/08

SUMMARY:

Existing law establishes the statewide Associate Degree Nursing Scholarship Pilot Program in the Office of Statewide Health Planning and Development to provide scholarships to students, in accordance with prescribed requirements, in counties determined to have the most need. Under existing law, the program will be repealed as of January 1, 2009.

ANALYSIS:

This bill would extend the operative date of the pilot program to January 1, 2014.

Scholarships, under the pilot program, are only available to students in counties determined to have the most need. A scholarship recipient is required to complete, at a minimum, an associate degree in nursing and work in a medically underserved area in California upon obtaining his or her license from the Board of Registered Nursing. This program is funded from the Registered Nurse Education Fund and administered by the Health Professions Education Foundation within the Office of Statewide Health Planning and Development.

BOARD POSITION:

LEGISLATIVE COMMITTEE RECOMMENDED POSITION: Support (9/3/08)

SUPPORT:

Bakersfield College
California Hospital Association
California Nurses Association
California State University, Fresno
Children's Hospital Central California
Hanford Community Medical Center
Kern Community College District
San Joaquin Community Hospital
West Hills Community College District

OPPOSE:

None

Assembly Bill No. 994

Passed the Assembly August 25, 2008

Chief Clerk of the Assembly

Passed the Senate August 11, 2008

Secretary of the Senate

This bill was received by the Governor this _____ day
of _____, 2008, at _____ o'clock ____M.

Private Secretary of the Governor

CHAPTER _____

An act to amend Section 128401 of the Health and Safety Code, relating to nursing.

LEGISLATIVE COUNSEL'S DIGEST

AB 994, Parra. Health care: nurse training scholarship pilot program.

Existing law establishes the statewide Associate Degree Nursing (A.D.N.) Scholarship Pilot Program in the Office of Statewide Health Planning and Development to provide scholarships to students, in accordance with prescribed requirements, in counties determined to have the most need. Under existing law, the program will be repealed as of January 1, 2009.

This bill would extend the operative date of the pilot program to January 1, 2014.

The people of the State of California do enact as follows:

SECTION 1. Section 128401 of the Health and Safety Code is amended to read:

128401. (a) The Office of Statewide Health Planning and Development shall adopt regulations establishing the statewide Associate Degree Nursing (A.D.N.) Scholarship Pilot Program.

(b) Scholarships under the pilot program shall be available only to students in counties determined to have the most need. Need in a county shall be established based on consideration of all the following factors:

(1) Counties with a registered nurse-to-population ratio equal or less than 500 registered nurses per 100,000 individuals.

(2) County unemployment rate.

(3) County level of poverty.

(c) A scholarship recipient shall be required to complete, at a minimum, an associate degree in nursing and work in a medically underserved area in California upon obtaining his or her license from the Board of Registered Nursing.

(d) The Health Professions Education Foundation shall consider the following factors when selecting recipients for the A.D.N. Scholarship Pilot Program:

(1) An applicant's economic need, as established by the federal poverty index.

(2) Applicants who demonstrate cultural and linguistic skills and abilities.

(e) The pilot program shall be funded from the Registered Nurse Education Fund established pursuant to Section 128400 and administered by the Health Professions Education Foundation within the office. The Health Professions Education Foundation shall allocate a portion of the moneys in the fund for the pilot program established pursuant to this section, in addition to moneys otherwise allocated pursuant to this article for scholarships and loans for associate degree nursing students.

(f) No additional staff or General Fund operating costs shall be expended for the pilot program.

(g) The Health Professions Education Foundation may accept private or federal funds for purposes of the A.D.N. Scholarship Pilot Program.

(h) This section shall remain in effect only until January 1, 2014, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2014, deletes or extends that date.

Approved _____, 2008

Governor

**BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE
September 19, 2008**

BILL ANALYSIS

AUTHOR:	Lieber	BILL NUMBER:	AB 1605
SPONSOR:	California Conference of Local Health Department	BILL STATUS:	Enrolled
SUBJECT:	The State Department of Public Health: State Public Health Nurse	DATE LAST AMENDED:	8/18/08

SUMMARY:

Existing law establishes the State Department of Public Health and sets forth its powers and duties, including, but not limited to, duties over licensing and certification of health facilities, and over maternal and child health. Existing law authorizes the appointment of the State Public Health Officer as the director of the department, and authorizes appointment of 2 chief deputies for the department. This bill would amend a section of the Health and Safety Code, relating to the State Department of Public health.

ANALYSIS:

This bill would require the director to appoint the State Public Health Nurse, as part of the executive team of the department at a level no lower than deputy director.

Amended analysis of 4/24/07:

This bill amendment would provide for the chief deputy appointed as the State Public Health Nurse to serve as a liaison to local, state, and national public health agencies and organizations, in addition to other duties assigned by the director.

Amended analysis of 1/24/08:

This bill amendment would mandate that the appointment of the State Public Health Nurse could not displace any other deputy director currently serving in that position.

Amended analysis of 8/18/08:

This bill amendment would require that the State Public Health Nurse be a licensed public health nurse.

BOARD POSITION: Support (4/13/07)

LEGISLATIVE COMMITTEE RECOMMENDED POSITION: SUPPORT (9/3/08)

SUPPORT:

California Conference of Local Health Department Nursing Directors
Alameda County Board of Supervisors
American Federation of State, County and Municipal Employees
American Nurses Association of California
Board of Registered Nursing
California Maternal, Child, and Adolescent Health Directors
California Nurses Association/National Nurses Organizing Committee
California School Nurses Organization
Health Officers Association of California

Service Employees International Union

OPPOSE:

None

AMENDED IN SENATE AUGUST 18, 2008

AMENDED IN SENATE JUNE 9, 2008

AMENDED IN ASSEMBLY JANUARY 24, 2008

AMENDED IN ASSEMBLY APRIL 24, 2007

CALIFORNIA LEGISLATURE—2007–08 REGULAR SESSION

ASSEMBLY BILL

No. 1605

Introduced by Assembly Member Lieber

February 23, 2007

An act to amend Section 131006 of the Health and Safety Code, relating to the State Department of Public Health.

LEGISLATIVE COUNSEL'S DIGEST

AB 1605, as amended, Lieber. State Department of Public Health: State Public Health Nurse.

Existing law establishes the State Department of Public Health and sets forth its powers and duties, including, but not limited to, duties over licensing and certification of health facilities, and over maternal and child health. Existing law authorizes the appointment of the State Public Health Officer as the director of the department, and authorizes appointment of 2 chief deputies for the department.

This bill would require the director to appoint one of the chief deputies as the State Public Health Nurse, who shall be a licensed public health nurse, to act as a liaison to public health nursing agencies in addition to other duties. The bill would provide that the appointment of the chief deputy to serve as the State Public Health Nurse shall not displace any other deputy director currently serving in that position for the

department, nor shall this appointment result in any costs other than those reflected in the existing staffing budget for the department.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. Section 131006 of the Health and Safety Code
2 is amended to read:
3 131006. (a) Upon recommendation of the director, the
4 Governor may appoint, not to exceed, ~~three~~ *two* chief deputies of
5 the State Department of Public Health who shall hold office at the
6 pleasure of the Governor. One of the chief deputies shall be
7 appointed as the State Public Health Nurse. The salaries of the
8 chief deputies shall be fixed in accordance with law.
9 (b) The chief deputy appointed as the State Public Health Nurse
10 shall be a licensed public health nurse, and shall serve as a liaison
11 to local, state, and national public health nursing agencies and
12 organizations, in addition to other duties assigned by the director.
13 The appointment of the chief deputy to serve as the State Public
14 Health Nurse shall not displace any other deputy director serving
15 in that position for the department, nor shall this appointment result
16 in any costs other than those reflected in the existing staffing
17 budget for the department.

**BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE
September 19, 2008**

BILL ANALYSIS

AUTHOR:	Eng	BILL NUMBER:	AB 2637
SPONSOR:	California Dental Association	BILL STATUS:	Enrolled
SUBJECT:	Dental Auxiliaries	DATE LAST AMENDED:	8/14/08

SUMMARY:

Existing law, the Dental Practice Act, provides for the licensure and regulation of dentists by the Dental Board of California and dental auxiliaries by the Committee on Dental Auxiliaries. Existing law, on and after, January 1, 2010, authorizes an unlicensed dental assistant to perform basic supportive dental procedures, as defined, subject to a determination by the supervising licensed dentist that the dental assistant is competent to perform those procedures.

ANALYSIS:

This bill, among other provisions, would provide for dental assistants to expand their functions by acquiring a **Dental Sedation Assistant permit**. The dental assistant would be required to take a specified course in order to be eligible to receive a dental the permit. The course would have a minimum of 110 hours, including at least 40 hours of didactic instruction, 32 hours of combined laboratory and preclinical instruction, and at least 38 hours of clinical instruction. The bill permits the course director or faculty to be a **certified registered nurse anesthetist** or a physician. The dental assistant, an unlicensed individual, would be able to administer intravenous sedation to patients under the supervision of a Dentist.

The certified registered nurse anesthetist would be in violation of the Nursing Practice Act if he/she participated in teaching an unlicensed individual to administer intravenous medications.

BOARD POSITION:

**LEGISLATIVE COMMITTEE RECOMMENDED POSITION: Oppose unless amended
(9/3/08)**

SUPPORT:

California Dental Association

OPPOSE:

California Nurses Association
American Nurses Association/California

Assembly Bill No. 2637

Passed the Assembly August 29, 2008

Chief Clerk of the Assembly

Passed the Senate August 20, 2008

Secretary of the Senate

This bill was received by the Governor this _____ day
of _____, 2008, at _____ o'clock ____M.

Private Secretary of the Governor

CHAPTER _____

An act to amend Sections 1680, 1721.5, 1725, 1741, 1750, 1750.1, 1752.1, 1765, 1771, and 1777 of, to amend and renumber Sections 1753.1, 1754, and 1770 of, to amend, renumber, add, and repeal Sections 1756 and 1757 of, to add Sections 1750.5, 1752.3, 1752.4, and 1753.4 to, to add and repeal Sections 1754.5, 1755, 1756.1, 1756.2, and 1758 of, to repeal Sections 1751.1, 1752, 1752.2, 1752.5, and 1753.5 of, and to repeal and add Sections 1750.2, 1750.3, 1750.4, 1751, 1752.6, and 1753 of, the Business and Professions Code, relating to dentistry.

LEGISLATIVE COUNSEL'S DIGEST

AB 2637, Eng. Dental auxiliaries.

Existing law, the Dental Practice Act, provides for the licensure and regulation of dentists by the Dental Board of California and dental auxiliaries by the Committee on Dental Auxiliaries. Existing law, on and after, January 1, 2010, authorizes an unlicensed dental assistant to perform basic supportive dental procedures, as defined, subject to a determination by the supervising licensed dentist that the dental assistant is competent to perform those procedures. Existing law, until January 1, 2011, requires the board to license as a registered dental assistant a person who files an application prior to September 1, 2009, and submits specified written evidence of either graduation from a specified educational program or specified work experience that is satisfactory to the board. Existing law, on and after January 1, 2010, requires the board to license as a registered dental assistant in extended functions a person who submits specified evidence of current licensure as a registered dental assistant or completion of the requirements for licensure, successful completion of a specified extended functions postsecondary program, and board-approved courses in radiation safety, infection control, California dental law, and basic life support, and satisfactory performance on a specified written examination and a clinical or practical examination. Existing law, on and after January 1, 2010, also requires the board to license a person who meets specified requirements as a registered orthodontic assistant, registered surgery assistant, registered

restorative assistant, or registered restorative assistant in extended functions.

This bill would repeal those provisions governing registered orthodontic assistants, registered surgery assistants, registered restorative assistants, and registered restorative assistants in extended functions.

The bill would, on and after January 1, 2010, specify the duties that a dental assistant is authorized to perform under the general or direct supervision of a supervising licensed dentist.

The bill would revise and recast the registered dental assistant provisions and would authorize the board to license a person as a registered dental assistant if he or she files an application and submits written evidence, satisfactory to the board, of either (1) graduation from a board-approved educational program in registered dental assisting, or (2) for individuals applying prior to January 1, 2010, satisfactory work experience, as defined, of at least 12 months or, for individuals applying on and after January 1, 2010, satisfactory work experience of at least 15 months, and satisfactory performance on a written and practical examination administered by the committee. The bill would also require that those individuals applying on or after January 1, 2010, pass a written examination in law and ethics and complete board-approved courses in the act, infection control, and basic life support. The bill would, on and after January 1, 2010, impose specific content requirements for the written and practical examinations and would require the board to appoint a registered dental assistant examination committee to assign specific procedures for the practical examination. The bill would, commencing January 1, 2010, specify the duties a registered dental assistant is authorized to perform. The bill would specify that the fee for the written examination in law and ethics shall not exceed the actual cost of the examination.

The bill would, on and after January 1, 2010, modify the requirements for a license as a registered dental assistant in extended functions to include, among other things, completion of a board-approved course in the application of pit and fissure sealants and passage of a written examination and a clinical or practical examination. The bill would specify the duties and procedures a registered dental assistant in extended functions, licensed on or after January 1, 2010, is authorized to perform, as

well as those additional procedures that may be performed under the direct supervision of a licensed dentist. The bill would, commencing January 1, 2010, also require applicants for a registered dental assistant in extended functions license to complete a specified examination regarding certain procedures.

The bill would, commencing January 1, 2010, authorize the board to issue an orthodontic assistant permit or a dental sedation assistant permit to a person who files a completed application, including a fee, and provides proof of certain eligibility requirements. The bill would authorize a dental assistant, a registered dental assistant, or a registered dental assistant in extended functions to apply for and maintain an orthodontic assistant permit or a dental sedation assistant permit. The bill would also, commencing January 1, 2010, specify the duties that may be performed by an orthodontic assistant permitholder or a dental sedation assistant permitholder under the direct supervision of a licensed dentist or, with respect to dental sedation assistant permitholders, another specified licensed health care professional. The bill would subject these permitholders to board established continuing education and renewal requirements. The bill would specify that the fee for these permits shall not exceed \$50 and that the fee for the written examination for these permits shall not exceed the actual cost of the examination.

The bill would require the board, commencing January 1, 2010, at least once every 7 years, to review the allowable duties for the various dental auxiliary categories, the supervision level for those categories, and the settings under which those duties may be performed, and to update the regulations as necessary.

The bill would require a dental assisting program or course, a permit program or course, a registered dental assistant program, a registered dental assistant in extended function program, an orthodontic assistant permit course, a dental sedation assistant permit course, and an infection control course to meet various requirements, relating to, among other things, administration, facilities, supervision, curriculum, instruction, equipment, and examinations in order to secure and maintain approval by the board.

Existing law provides that it is a misdemeanor for any person who does not have a license issued by the board to hold himself or herself out as licensed by the board in specified categories of dental practice.

This bill would revise these provisions to make it a misdemeanor for a person to, without a license or permit issued by the board, hold himself or herself out as, among other things, a registered dental assistant, orthodontic assistant permitholder, or dental sedation assistant permitholder. By expanding the scope of an existing crime, the bill would impose a state-mandated local program.

Existing law provides that all fees collected under the Dental Practice Act in connection with the practice of a dental auxiliary are deposited in the State Dental Auxiliary Fund, in the Professions and Vocations Fund.

This bill would abolish the State Dental Auxiliary Fund and would create the State Dental Assistant Fund, to which would be transferred funds in the State Dental Auxiliary Fund related to dental assistants for specific use, and in which would be deposited all funds from the regulation of dental assistants. The bill would make funds in the State Dental Assistant Fund subject to appropriation by the Legislature in the annual Budget Act.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

The people of the State of California do enact as follows:

SECTION 1. Section 1680 of the Business and Professions Code is amended to read:

1680. Unprofessional conduct by a person licensed under this chapter is defined as, but is not limited to, any one of the following:

- (a) The obtaining of any fee by fraud or misrepresentation.
- (b) The employment directly or indirectly of any student or suspended or unlicensed dentist to practice dentistry as defined in this chapter.
- (c) The aiding or abetting of any unlicensed person to practice dentistry.
- (d) The aiding or abetting of a licensed person to practice dentistry unlawfully.

(e) The committing of any act or acts of sexual abuse, misconduct, or relations with a patient that are substantially related to the practice of dentistry.

(f) The use of any false, assumed, or fictitious name, either as an individual, firm, corporation, or otherwise, or any name other than the name under which he or she is licensed to practice, in advertising or in any other manner indicating that he or she is practicing or will practice dentistry, except that name as is specified in a valid permit issued pursuant to Section 1701.5.

(g) The practice of accepting or receiving any commission or the rebating in any form or manner of fees for professional services, radiograms, prescriptions, or other services or articles supplied to patients.

(h) The making use by the licensee or any agent of the licensee of any advertising statements of a character tending to deceive or mislead the public.

(i) The advertising of either professional superiority or the advertising of performance of professional services in a superior manner. This subdivision shall not prohibit advertising permitted by subdivision (h) of Section 651.

(j) The employing or the making use of solicitors.

(k) The advertising in violation of Section 651.

(l) The advertising to guarantee any dental service, or to perform any dental operation painlessly. This subdivision shall not prohibit advertising permitted by Section 651.

(m) The violation of any of the provisions of law regulating the procurement, dispensing, or administration of dangerous drugs, as defined in Chapter 9 (commencing with Section 4000) or controlled substances, as defined in Division 10 (commencing with Section 11000) of the Health and Safety Code.

(n) The violation of any of the provisions of this division.

(o) The permitting of any person to operate dental radiographic equipment who has not met the requirements of Section 1656.

(p) The clearly excessive prescribing or administering of drugs or treatment, or the clearly excessive use of diagnostic procedures, or the clearly excessive use of diagnostic or treatment facilities, as determined by the customary practice and standards of the dental profession.

Any person who violates this subdivision is guilty of a misdemeanor and shall be punished by a fine of not less than one

hundred dollars (\$100) or more than six hundred dollars (\$600), or by imprisonment for a term of not less than 60 days or more than 180 days, or by both a fine and imprisonment.

(q) The use of threats or harassment against any patient or licensee for providing evidence in any possible or actual disciplinary action, or other legal action; or the discharge of an employee primarily based on the employee's attempt to comply with the provisions of this chapter or to aid in the compliance.

(r) Suspension or revocation of a license issued, or discipline imposed, by another state or territory on grounds that would be the basis of discipline in this state.

(s) The alteration of a patient's record with intent to deceive.

(t) Unsanitary or unsafe office conditions, as determined by the customary practice and standards of the dental profession.

(u) The abandonment of the patient by the licensee, without written notice to the patient that treatment is to be discontinued and before the patient has ample opportunity to secure the services of another dentist, registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions and provided the health of the patient is not jeopardized.

(v) The willful misrepresentation of facts relating to a disciplinary action to the patients of a disciplined licensee.

(w) Use of fraud in the procurement of any license issued pursuant to this chapter.

(x) Any action or conduct that would have warranted the denial of the license.

(y) The aiding or abetting of a licensed dentist, dental assistant, registered dental assistant, registered dental assistant in extended functions, dental sedation assistant permitholder, orthodontic assistant permitholder, registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions to practice dentistry in a negligent or incompetent manner.

(z) The failure to report to the board in writing within seven days any of the following: (1) the death of his or her patient during the performance of any dental or dental hygiene procedure; (2) the discovery of the death of a patient whose death is related to a dental or dental hygiene procedure performed by him or her; or (3) except for a scheduled hospitalization, the removal to a hospital or

emergency center for medical treatment for a period exceeding 24 hours of any patient to whom oral conscious sedation, conscious sedation, or general anesthesia was administered, or any patient as a result of dental or dental hygiene treatment. With the exception of patients to whom oral conscious sedation, conscious sedation, or general anesthesia was administered, removal to a hospital or emergency center that is the normal or expected treatment for the underlying dental condition is not required to be reported. Upon receipt of a report pursuant to this subdivision the board may conduct an inspection of the dental office if the board finds that it is necessary. A dentist shall report to the board all deaths occurring in his or her practice with a copy sent to the Dental Hygiene Committee of California if the death was the result of treatment by a registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions. A registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions shall report to the Dental Hygiene Committee of California all deaths occurring as the result of dental hygiene treatment, and a copy of the notification shall be sent to the board.

(aa) Participating in or operating any group advertising and referral services that are in violation of Section 650.2.

(ab) The failure to use a fail-safe machine with an appropriate exhaust system in the administration of nitrous oxide. The board shall, by regulation, define what constitutes a fail-safe machine.

(ac) Engaging in the practice of dentistry with an expired license.

(ad) Except for good cause, the knowing failure to protect patients by failing to follow infection control guidelines of the board, thereby risking transmission of bloodborne infectious diseases from dentist, dental assistant, registered dental assistant, registered dental assistant in extended functions, dental sedation assistant permitholder, orthodontic assistant permitholder, registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions to patient, from patient to patient, and from patient to dentist, dental assistant, registered dental assistant, registered dental assistant in extended functions, dental sedation assistant permitholder, orthodontic assistant permitholder, registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions. In administering this

subdivision, the board shall consider referencing the standards, regulations, and guidelines of the State Department of Public Health developed pursuant to Section 1250.11 of the Health and Safety Code and the standards, guidelines, and regulations pursuant to the California Occupational Safety and Health Act of 1973 (Part 1 (commencing with Section 6300) of Division 5 of the Labor Code) for preventing the transmission of HIV, hepatitis B, and other blood-borne pathogens in health care settings. The board shall review infection control guidelines, if necessary, on an annual basis and proposed changes shall be reviewed by the Dental Hygiene Committee of California to establish a consensus. The committee shall submit any recommended changes to the infection control guidelines for review to establish a consensus. As necessary, the board shall consult with the Medical Board of California, the California Board of Podiatric Medicine, the Board of Registered Nursing, and the Board of Vocational Nursing and Psychiatric Technicians, to encourage appropriate consistency in the implementation of this subdivision.

The board shall seek to ensure that all appropriate dental personnel are informed of the responsibility to follow infection control guidelines, and of the most recent scientifically recognized safeguards for minimizing the risk of transmission of bloodborne infectious diseases.

(ae) The utilization by a licensed dentist of any person to perform the functions of any registered dental assistant, registered dental assistant in extended functions, dental sedation assistant permitholder, orthodontic assistant permitholder, registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions who, at the time of initial employment, does not possess a current, valid license or permit to perform those functions.

(af) The prescribing, dispensing, or furnishing of dangerous drugs or devices, as defined in Section 4022, in violation of Section 2242.1.

SEC. 2. Section 1721.5 of the Business and Professions Code is amended to read:

1721.5. (a) All funds received by the Treasurer pursuant to Section 1725 shall be placed in the State Dental Assistant Fund for the purposes of administering this chapter as it relates to dental assistants, registered dental assistants, registered dental assistants

in extended functions, dental sedation assistant permit holders, and orthodontic assistant permit holders. Expenditure of these funds shall be subject to appropriation by the Legislature in the annual Budget Act.

(b) On July 1, 2009, all moneys in the State Dental Auxiliary Fund, other than the moneys described in Section 1945, shall be transferred to the State Dental Assistant Fund. The board's authority to expend those funds, as appropriated in the 2008 Budget Act, shall continue in order to carry out the provisions of this chapter as they related to dental assistants licensed under this chapter for the 2008–09 fiscal year, including the payment of any encumbrances related to dental assistants licensed under this chapter incurred by the State Dental Auxiliary Fund.

SEC. 3. Section 1725 of the Business and Professions Code is amended to read:

1725. The amount of the fees prescribed by this chapter that relate to the licensing and permitting of dental assistants shall be established by board resolution and subject to the following limitations:

(a) The application fee for an original license shall not exceed twenty dollars (\$20). On and after January 1, 2010, the application fee for an original license shall not exceed fifty dollars (\$50).

(b) The fee for examination for licensure as a registered dental assistant shall not exceed fifty dollars (\$50) for the written examination and shall not exceed sixty dollars (\$60) for the practical examination.

(c) The fee for application and for the issuance of an orthodontic assistant permit or a dental sedation assistant permit shall not exceed fifty dollars (\$50).

(d) The fee for the written examination for an orthodontic assistant permit or a dental sedation assistant permit shall not exceed the actual cost of the examination.

(e) The fee for the written examination in law and ethics for a registered dental assistant shall not exceed the actual cost of the examination.

(f) The fee for examination for licensure as a registered dental assistant in extended functions shall not exceed the actual cost of the examination.

(g) The fee for examination for licensure as a registered dental hygienist shall not exceed the actual cost of the examination.

(h) For third- and fourth-year dental students, the fee for examination for licensure as a registered dental hygienist shall not exceed the actual cost of the examination.

(i) The fee for examination for licensure as a registered dental hygienist in extended functions shall not exceed the actual cost of the examination.

(j) The board shall establish the fee at an amount not to exceed the actual cost for licensure as a registered dental hygienist in alternative practice.

(k) The biennial renewal fee for a registered dental assistant whose license expires on or after January 1, 1991, shall not exceed sixty dollars (\$60). On or after January 1, 1992, the board may set the renewal fee for a registered dental assistant license, registered dental assistant in extended functions license, dental sedation assistant permit, or orthodontic assistant permit in an amount not to exceed eighty dollars (\$80).

(l) The delinquency fee shall not exceed twenty-five dollars (\$25) or one-half of the renewal fee, whichever is greater. Any delinquent license or permit may be restored only upon payment of all fees, including the delinquency fee.

(m) The fee for issuance of a duplicate registration, license, permit, or certificate to replace one that is lost or destroyed, or in the event of a name change, shall not exceed twenty-five dollars (\$25).

(n) The fee for each curriculum review and site evaluation for educational programs for registered dental assistants that are not accredited by a board-approved agency, or the Chancellor's office of the California Community Colleges shall not exceed one thousand four hundred dollars (\$1,400).

(o) The fee for review of each approval application for a course that is not accredited by a board-approved agency, or the Chancellor's office of the California Community Colleges shall not exceed three hundred dollars (\$300).

(p) No fees or charges other than those listed in subdivisions (a) to (o), inclusive, above shall be levied by the board in connection with the licensure or permitting of dental assistants, registered dental assistant educational program site evaluations and course evaluations pursuant to this chapter.

(q) Fees fixed by the board pursuant to this section shall not be subject to the approval of the Office of Administrative Law.

(r) Fees collected pursuant to this section shall be deposited in the State Dental Assistant Fund.

SEC. 4. Section 1741 of the Business and Professions Code is amended to read:

1741. As used in this article:

(a) “Board” means the Dental Board of California.

(b) “Direct supervision” means supervision of dental procedures based on instructions given by a licensed dentist, who must be physically present in the treatment facility during the performance of those procedures.

(c) “General supervision” means supervision of dental procedures based on instructions given by a licensed dentist but not requiring the physical presence of the supervising dentist during the performance of those procedures.

SEC. 5. Section 1750 of the Business and Professions Code, as amended by Section 6 of Chapter 588 of the Statutes of 2007, is amended to read:

1750. (a) A dental assistant is a person who may perform basic supportive dental procedures as authorized by this article under the supervision of a licensed dentist and who may perform basic supportive procedures as authorized pursuant to subdivision (b) of Section 1751 under the supervision of a registered dental hygienist in alternative practice.

(b) The supervising licensed dentist shall be responsible for determining the competency of the dental assistant to perform allowable functions.

(c) This section shall remain in effect only until January 1, 2010, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2010, deletes or extends that date.

SEC. 6. Section 1750 of the Business and Professions Code, as amended by Section 7 of Chapter 588 of the Statutes of 2007, is amended to read:

1750. (a) A dental assistant is an individual who, without a license, may perform basic supportive dental procedures, as authorized by Section 1750.1 and by regulations adopted by the board, under the supervision of a licensed dentist. “Basic supportive dental procedures” are those procedures that have technically elementary characteristics, are completely reversible, and are unlikely to precipitate potentially hazardous conditions for the patient being treated.

(b) The supervising licensed dentist shall be responsible for determining the competency of the dental assistant to perform the basic supportive dental procedures, as authorized by Section 1750.1.

(c) The employer of a dental assistant shall be responsible for ensuring that the dental assistant who has been in continuous employment for 120 days or more, has already successfully completed, or successfully completes, all of the following within a year of the date of employment:

- (1) A board-approved course in the Dental Practice Act.
- (2) A board-approved course in infection control.
- (3) A course in basic life support offered by an instructor approved by the American Red Cross or the American Heart Association, or any other course approved by the board as equivalent and that provides the student the opportunity to engage in hands-on simulated clinical scenarios.

(d) The employer of a dental assistant shall be responsible for ensuring that the dental assistant maintains certification in basic life support.

(e) This section shall become operative on January 1, 2010.

SEC. 7. Section 1750.1 of the Business and Professions Code is amended to read:

1750.1. (a) A dental assistant may perform the following duties under the general supervision of a supervising licensed dentist:

(1) Extra-oral duties or procedures specified by the supervising licensed dentist, provided that these duties or procedures meet the definition of a basic supportive procedure specified in Section 1750.

(2) Operate dental radiography equipment for the purpose of oral radiography if the dental assistant has complied with the requirements of Section 1656.

(3) Perform intraoral and extraoral photography.

(b) A dental assistant may perform the following duties under the direct supervision of a supervising licensed dentist:

- (1) Apply nonaerosol and noncaustic topical agents.
- (2) Apply topical fluoride.
- (3) Take intraoral impressions for all nonprosthodontic appliances.
- (4) Take facebow transfers and bite registrations.
- (5) Place and remove rubber dams or other isolation devices.

(6) Place, wedge, and remove matrices for restorative procedures.

(7) Remove post-extraction dressings after inspection of the surgical site by the supervising licensed dentist.

(8) Perform measurements for the purposes of orthodontic treatment.

(9) Cure restorative or orthodontic materials in operative site with a light-curing device.

(10) Examine orthodontic appliances.

(11) Place and remove orthodontic separators.

(12) Remove ligature ties and archwires.

(13) After adjustment by the dentist, examine and seat removable orthodontic appliances and deliver care instructions to the patient.

(14) Remove periodontal dressings.

(15) Remove sutures after inspection of the site by the dentist.

(16) Place patient monitoring sensors.

(17) Monitor patient sedation, limited to reading and transmitting information from the monitor display during the intraoperative phase of surgery for electrocardiogram waveform, carbon dioxide and end tidal carbon dioxide concentrations, respiratory cycle data, continuous noninvasive blood pressure data, or pulse arterial oxygen saturation measurements, for the purpose of interpretation and evaluation by a supervising licensed dentist who shall be at the patient's chairside during this procedure.

(18) Assist in the administration of nitrous oxide when used for analgesia or sedation. A dental assistant shall not start the administration of the gases and shall not adjust the flow of the gases unless instructed to do so by the supervising licensed dentist who shall be present at the patient's chairside during the implementation of these instructions. This paragraph shall not be construed to prevent any person from taking appropriate action in the event of a medical emergency.

(c) Under the supervision of a registered dental hygienist in alternative practice, a dental assistant may perform intraoral retraction and suctioning.

(d) The board may specify additional allowable duties by regulation.

(e) The duties of a dental assistant or a dental assistant holding a permit in orthodontic assisting or in dental sedation do not include

any of the following procedures unless specifically allowed by law:

- (1) Diagnosis and comprehensive treatment planning.
- (2) Placing, finishing, or removing permanent restorations.
- (3) Surgery or cutting on hard and soft tissue including, but not limited to, the removal of teeth and the cutting and suturing of soft tissue.
- (4) Prescribing medication.
- (5) Starting or adjusting local or general anesthesia or oral or parenteral conscious sedation, except for the administration of nitrous oxide and oxygen, whether administered alone or in combination with each other and except as otherwise provided by law.

(f) The duties of a dental assistant are defined in subdivision (a) of Section 1750 and do not include any duty or procedure that only an orthodontic assistant permitholder, dental sedation assistant permitholder, registered dental assistant, registered dental assistant in extended functions, registered dental hygienist, or registered dental hygienist in alternative practice is allowed to perform.

(g) This section shall become operative on January 1, 2010.

SEC. 8. Section 1750.2 of the Business and Professions Code is repealed.

SEC. 9. Section 1750.2 is added to the Business and Professions Code, to read:

1750.2. (a) On and after January 1, 2010, the board may issue an orthodontic assistant permit to a person who files a completed application including a fee and provides evidence, satisfactory to the board, of all of the following eligibility requirements:

- (1) Completion of at least 12 months of work experience as a dental assistant.
- (2) Successful completion of a board-approved course in the Dental Practice Act and a board-approved, course in infection control.
- (3) Successful completion of a course in basic life support offered by an instructor approved by the American Red Cross or the American Heart Association, or any other course approved by the board as equivalent.
- (4) Successful completion of a board-approved orthodontic assistant course, which may commence after the completion of six months of work experience as a dental assistant.

(5) Passage of a written examination administered by the board after completion of all of the other requirements of this subdivision. The written examination shall encompass the knowledge, skills, and abilities necessary to competently perform the duties specified in Section 1750.3.

(b) A person who holds an orthodontic assistant permit pursuant to this section shall be subject to the same continuing education requirements for registered dental assistants as established by the board pursuant to Section 1645 and the renewal requirements of Article 6 (commencing with Section 1715).

SEC. 10. Section 1750.3 of the Business and Professions Code is repealed.

SEC. 11. Section 1750.3 is added to the Business and Professions Code, to read:

1750.3. A person holding an orthodontic assistant permit pursuant to Section 1750.2 may perform the following duties under the direct supervision of a licensed dentist:

- (a) All duties that a dental assistant is allowed to perform.
- (b) Prepare teeth for bonding, and select, preposition, and cure orthodontic brackets after their position has been approved by the supervising licensed dentist.
- (c) Remove only orthodontic brackets and attachments with removal of the bonding material by the supervising licensed dentist.
- (d) Size, fit, and cement orthodontic bands.
- (e) Remove orthodontic bands and remove excess cement from supragingival surfaces of teeth with a hand instrument.
- (f) Place and ligate archwires.
- (g) Remove excess cement with an ultrasonic scaler from supragingival surfaces of teeth undergoing orthodontic treatment.
- (h) Any additional duties that the board may prescribe by regulation.

SEC. 12. Section 1750.4 of the Business and Professions Code is repealed.

SEC. 13. Section 1750.4 is added to the Business and Professions Code, to read:

1750.4. (a) On and after January 1, 2010, the board may issue a dental sedation assistant permit to a person who files a completed application including a fee and provides evidence, satisfactory to the board, of all of the following eligibility requirements:

(1) Completion of at least 12 months of work experience as a dental assistant.

(2) Successful completion of a board-approved course in the Dental Practice Act and a board-approved, course in infection control.

(3) Successful completion of a course in basic life support offered by an instructor approved by the American Red Cross or the American Heart Association, or any other course approved by the board as equivalent.

(4) Successful completion of a board-approved dental sedation assistant course, which may commence after the completion of six months of work experience as a dental assistant.

(5) Passage of a written examination administered by the board after completion of all of the other requirements of this subdivision. The written examination shall encompass the knowledge, skills, and abilities necessary to competently perform the duties specified in Section 1750.5.

(b) A person who holds a permit pursuant to this section shall be subject to the continuing education requirements established by the board pursuant to Section 1645 and the renewal requirements of Article 6 (commencing with Section 1715).

SEC. 14. Section 1750.5 is added to the Business and Professions Code, to read:

1750.5. A person holding a dental sedation assistant permit pursuant to Section 1750.4 may perform the following duties under the direct supervision of a licensed dentist or other licensed health care professional authorized to administer conscious sedation or general anesthesia in the dental office:

(a) All duties that a dental assistant is allowed to perform.

(b) Monitor patients undergoing conscious sedation or general anesthesia utilizing data from noninvasive instrumentation such as pulse oximeters, electrocardiograms, capnography, blood pressure, pulse, and respiration rate monitoring devices. Evaluation of the condition of a sedated patient shall remain the responsibility of the dentist or other licensed health care professional authorized to administer conscious sedation or general anesthesia, who shall be at the patient's chairside while conscious sedation or general anesthesia is being administered.

(c) Drug identification and draw, limited to identification of appropriate medications, ampule and vial preparation, and

withdrawing drugs of correct amount as verified by the supervising licensed dentist.

(d) Add drugs, medications, and fluids to intravenous lines using a syringe, provided that a supervising licensed dentist is present at the patient's chairside, limited to determining patency of intravenous line, selection of injection port, syringe insertion into injection port, occlusion of intravenous line and blood aspiration, line release and injection of drugs for appropriate time interval. The exception to this duty is that the initial dose of a drug or medication shall be administered by the supervising licensed dentist.

(e) Removal of intravenous lines.

(f) Any additional duties that the board may prescribe by regulation.

(g) The duties listed in subdivisions (b) to (e), inclusive, may not be performed in any setting other than a dental office or dental clinic.

SEC. 15. Section 1751 of the Business and Professions Code, as amended by Section 13 of Chapter 588 of the Statutes of 2007, is repealed.

SEC. 16. Section 1751 is added to the Business and Professions Code, to read:

1751. (a) At least once every seven years, the board shall review the allowable duties for dental assistants, registered dental assistants, registered dental assistants in extended functions, dental sedation assistant permitholders, and orthodontic assistant permitholders, the supervision level for these categories, and the settings under which these duties may be performed, and shall update the regulations as necessary to keep them current with the state of the dental practice.

(b) This section shall become operative on January 1, 2010.

SEC. 17. Section 1751.1 of the Business and Professions Code is repealed.

SEC. 18. Section 1752 of the Business and Professions Code, as amended by Section 14 of Chapter 588 of the Statutes of 2007, is repealed.

SEC. 19. Section 1752 of the Business and Professions Code, as amended by Section 15 of Chapter 588 of the Statutes of 2007, is repealed.

SEC. 20. Section 1752.1 of the Business and Professions Code is amended to read:

1752.1. (a) The board may license as a registered dental assistant a person who files an application and submits written evidence, satisfactory to the board, of one of the following eligibility requirements:

(1) Graduation from an educational program in registered dental assisting approved by the board, and satisfactory performance on a written and practical examination administered by the board.

(2) For individuals applying prior to January 1, 2010, evidence of completion of satisfactory work experience of at least 12 months as a dental assistant in California or another state and satisfactory performance on a written and practical examination administered by the board.

(3) For individuals applying on or after January 1, 2010, evidence of completion of satisfactory work experience of at least 15 months as a dental assistant in California or another state and satisfactory performance on a written and practical examination administered by the board.

(b) For purposes of this section, “satisfactory work experience” means performance of the duties specified in Section 1750.1 in a competent manner as determined by the employing dentist, who shall certify to such satisfactory work experience in the application.

(c) The board shall give credit toward the work experience referred to in this section to persons who have graduated from a dental assisting program in a postsecondary institution approved by the Department of Education or in a secondary institution, regional occupational center, or regional occupational program, that are not, however, approved by the board pursuant to subdivision (a). The credit shall equal the total weeks spent in classroom training and internship on a week-for-week basis. The board, in cooperation with the Superintendent of Public Instruction, shall establish the minimum criteria for the curriculum of nonboard-approved programs. Additionally, the board shall notify those programs only if the program’s curriculum does not meet established minimum criteria, as established for board-approved registered dental assistant programs, except any requirement that the program be given in a postsecondary institution. Graduates of programs not meeting established minimum criteria shall not qualify for satisfactory work experience as defined by this section.

(d) In addition to the requirements specified in subdivision (a), each applicant for registered dental assistant licensure on or after July 1, 2002, shall provide evidence of having successfully completed board-approved courses in radiation safety and coronal polishing as a condition of licensure. The length and content of the courses shall be governed by applicable board regulations.

(e) In addition to the requirements specified in subdivisions (a) and (d), individuals applying for registered dental assistant licensure on or after January 1, 2010, shall demonstrate satisfactory performance on a written examination in law and ethics administered by the board and shall provide written evidence of successful completion within five years prior to application of all of the following:

(1) A board-approved course in the Dental Practice Act.

(2) A board-approved course in infection control.

(3) A course in basic life support offered by an instructor approved by the American Red Cross or the American Heart Association, or any other course approved by the board as equivalent.

(f) A registered dental assistant may apply for an orthodontic assistant permit or a dental sedation assistant permit, or both, by submitting written evidence of the following:

(1) Successful completion of a board-approved orthodontic assistant or dental sedation assistant course, as applicable.

(2) Passage of a written examination administered by the board that shall encompass the knowledge, skills, and abilities necessary to competently perform the duties of the particular permit.

(g) A registered dental assistant with permits in either orthodontic assisting or dental sedation assisting shall be referred to as an “RDA with orthodontic assistant permit,” or “RDA with dental sedation assistant permit,” as applicable. These terms shall be used for reference purposes only and do not create additional categories of licensure.

(h) Completion of the continuing education requirements established by the board pursuant to Section 1645 by a registered dental assistant who also holds a permit as an orthodontic assistant or dental sedation assistant shall fulfill the continuing education requirements for the permit or permits.

SEC. 21. Section 1752.2 of the Business and Professions Code is repealed.

SEC. 22. Section 1752.3 is added to the Business and Professions Code, to read:

1752.3. (a) On and after January 1, 2010, the written examination for registered dental assistant licensure required by Section 1752.1 shall comply with Section 139.

(b) On and after January 1, 2010, the practical examination for registered dental assistant licensure required by Section 1752.1 shall consist of three of the procedures described in paragraphs (1) to (4), inclusive. The specific procedures shall be assigned by a registered dental assistant examination committee appointed by the board and shall be graded by examiners appointed by the board. The procedures shall be performed on a fully articulated maxillary and mandibular typodont secured with a bench clamp. Each applicant shall furnish the required materials necessary to complete the examination.

- (1) Place a base or liner.
- (2) Place, adjust, and finish a direct provisional restoration.
- (3) Fabricate and adjust an indirect provisional restoration.
- (4) Cement an indirect provisional restoration.

SEC. 23. Section 1752.4 is added to the Business and Professions Code, to read:

1752.4. (a) A registered dental assistant may perform all of the following duties:

- (1) All duties that a dental assistant is allowed to perform.
- (2) Mouth-mirror inspections of the oral cavity, to include charting of obvious lesions, existing restorations, and missing teeth.
- (3) Apply and activate bleaching agents using a nonlaser light-curing device.
- (4) Use of automated caries detection devices and materials to gather information for diagnosis by the dentist.
- (5) Obtain intraoral images for computer-aided design (CAD), milled restorations.
- (6) Pulp vitality testing and recording of findings.
- (7) Place bases, liners, and bonding agents.
- (8) Chemically prepare teeth for bonding.
- (9) Place, adjust, and finish direct provisional restorations.
- (10) Fabricate, adjust, cement, and remove indirect provisional restorations, including stainless steel crowns when used as a provisional restoration.

(11) Place post-extraction dressings after inspection of the surgical site by the supervising licensed dentist.

(12) Place periodontal dressings.

(13) Dry endodontically treated canals using absorbent paper points.

(14) Adjust dentures extra-orally.

(15) Remove excess cement from surfaces of teeth with a hand instrument.

(16) Polish coronal surfaces of the teeth.

(17) Place ligature ties and archwires.

(18) Remove orthodontic bands.

(19) All duties that the board may prescribe by regulation.

(b) A registered dental assistant may only perform the following additional duties if he or she has completed a board-approved registered dental assistant educational program in those duties, or if he or she has provided evidence, satisfactory to the board, of having completed a board-approved course in those duties.

(1) Remove excess cement with an ultrasonic scaler from supragingival surfaces of teeth undergoing orthodontic treatment.

(2) The allowable duties of an orthodontic assistant permitholder as specified in Section 1750.3. A registered dental assistant shall not be required to complete further instruction in the duties of placing ligature ties and archwires, removing orthodontic bands, and removing excess cement from tooth surfaces with a hand instrument.

(3) The allowable duties of a dental sedation assistant permitholder as specified in Section 1750.5.

(4) The application of pit and fissure sealants.

(c) Except as provided in Section 1777, the supervising licensed dentist shall be responsible for determining whether each authorized procedure performed by a registered dental assistant should be performed under general or direct supervision.

(d) This section shall become operative on January 1, 2010.

SEC. 24. Section 1752.5 of the Business and Professions Code is repealed.

SEC. 25. Section 1752.6 of the Business and Professions Code is repealed.

SEC. 26. Section 1752.6 is added to the Business and Professions Code, to read:

1752.6. A registered dental assistant licensed on and after January 1, 2010, shall provide evidence of successful completion of a board-approved course in the application of pit and fissure sealants prior to the first expiration of his or her license that requires the completion of continuing education as a condition of renewal. The license of a registered dental assistant who does not provide evidence of successful completion of that course shall not be renewed until evidence of course completion is provided.

SEC. 27. Section 1753 of the Business and Professions Code is repealed.

SEC. 28. Section 1753 is added to the Business and Professions Code, to read:

1753. (a) On and after January 1, 2010, the board may license as a registered dental assistant in extended functions a person who submits written evidence, satisfactory to the board, of all of the following eligibility requirements:

(1) Current licensure as a registered dental assistant or completion of the requirements for licensure as a registered dental assistant.

(2) Successful completion of a board-approved course in the application of pit and fissure sealants.

(3) Successful completion of either of the following:

(A) An extended functions postsecondary program approved by the board in all of the procedures specified in Section 1753.5.

(B) An extended functions postsecondary program approved by the board to teach the duties that registered dental assistants in extended functions were allowed to perform pursuant to board regulations prior to January 1, 2010, and a course approved by the board in the procedures specified in paragraphs (1), (2), (5), and (7) to (11), inclusive, of subdivision (b) of Section 1753.5.

(4) Passage of a written examination and a clinical or practical examination administered by the board. The board shall designate whether the written examination shall be administered by the board or by the board-approved extended functions program.

(b) A registered dental assistant in extended functions may apply for an orthodontic assistant permit or a dental sedation assistant permit, or both, by providing written evidence of the following:

(1) Successful completion of a board-approved orthodontic assistant or dental sedation assistant course, as applicable.

(2) Passage of a written examination administered by the board that shall encompass the knowledge, skills, and abilities necessary to competently perform the duties of the particular permit.

(c) A registered dental assistant in extended functions with permits in either orthodontic assisting or dental sedation assisting shall be referred to as an “RDAEF with orthodontic assistant permit,” or “RDAEF with dental sedation assistant permit,” as applicable. These terms shall be used for reference purposes only and do not create additional categories of licensure.

(d) Completion of the continuing education requirements established by the board pursuant to Section 1645 by a registered dental assistant in extended functions who also holds a permit as an orthodontic assistant or dental sedation assistant shall fulfill the continuing education requirement for such permit or permits.

SEC. 29. Section 1753.1 of the Business and Professions Code is amended and renumbered to read:

1753.5. (a) A registered dental assistant in extended functions licensed on or after January 1, 2010, is authorized to perform all duties and procedures that a registered dental assistant is authorized to perform as specified in and limited by Section 1752.4, and those duties that the board may prescribe by regulation.

(b) A registered dental assistant in extended functions licensed on or after January 1, 2010, is authorized to perform the following additional procedures under direct supervision and pursuant to the order, control, and full professional responsibility of a licensed dentist:

(1) Conduct preliminary evaluation of the patient’s oral health, including, but not limited to, charting, intraoral and extra-oral evaluation of soft tissue, classifying occlusion, and myofunctional evaluation.

(2) Perform oral health assessments in school-based, community health project settings under the direction of a dentist, registered dental hygienist, or registered dental hygienist in alternative practice.

(3) Cord retraction of gingiva for impression procedures.

(4) Size and fit endodontic master points and accessory points.

(5) Cement endodontic master points and accessory points.

(6) Take final impressions for permanent indirect restorations.

(7) Take final impressions for tooth-borne removable prosthesis.

(8) Polish and contour existing amalgam restorations.

- (9) Place, contour, finish, and adjust all direct restorations.
- (10) Adjust and cement permanent indirect restorations.
- (11) Other procedures authorized by regulations adopted by the board.

(c) All procedures required to be performed under direct supervision shall be checked and approved by the supervising licensed dentist prior to the patient's dismissal from the office.

SEC. 30. Section 1753.4 is added to the Business and Professions Code, to read:

1753.4. On and after January 1, 2010, each applicant for licensure as a registered dental assistant in extended functions shall successfully complete an examination consisting of the procedures described in subdivisions (a) and (b). On and after January 1, 2010, each person who holds a current and active registered dental assistant in extended functions license issued prior to January 1, 2010, who wishes to perform the duties specified in paragraphs (1), (2), (5), and (7) to (11), inclusive, of subdivision (b) of Section 1753.5, shall successfully complete an examination consisting of the procedures described in subdivision (b). The specific procedures shall be assigned by a registered dental assistant in extended functions examination committee appointed by the board and shall be graded by examiners appointed by the board. Each applicant shall furnish the required materials necessary to complete the examination.

(a) Successful completion of the following two procedures on a patient provided by the applicant. The prepared tooth, prior to preparation, shall have had mesial and distal contact. The preparation performed shall have margins at or below the free gingival crest and shall be one of the following: $\frac{7}{8}$ crown, $\frac{3}{4}$ crown, or full crown, including porcelain fused to metal. Alginate impression materials alone shall not be acceptable:

- (1) Cord retraction of gingiva for impression procedures.
- (2) Take a final impression for a permanent indirect restoration.

(b) Successful completion of two of the following procedures on a simulated patient head mounted in appropriate position and accommodating an articulated typodont in an enclosed intraoral environment, or mounted on a dental chair in a dental operatory:

- (1) Place, condense, and carve an amalgam restoration.
- (2) Place and contour a nonmetallic direct restoration.
- (3) Polish and contour an existing amalgam restoration.

SEC. 31. Section 1753.5 of the Business and Professions Code is repealed.

SEC. 32. Section 1754 of the Business and Professions Code is amended and renumbered to read:

1752.4. (a) By September 15, 1993, the board, upon recommendation of the board and consistent with this article, standards of good dental practice, and the health and welfare of patients, shall adopt regulations relating to the functions that may be performed by registered dental assistants under direct or general supervision, and the settings within which registered dental assistants may work. At least once every seven years thereafter, the board shall review the allowable duties of registered dental assistants, the supervision level, and settings under which they may be performed, and shall update the regulations as needed to keep them current with the state of the practice.

(b) A registered dental assistant may apply pit and fissure sealants under the general supervision of a licensed dentist, after providing evidence to the board of having completed a board-approved course in that procedure.

(c) This section shall remain in effect only until January 1, 2010, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2010, deletes or extends that date.

SEC. 33. Section 1754.5 is added to the Business and Professions Code, to read:

1754.5. As used in this article, the following definitions shall apply:

(a) “Didactic instruction” means lectures, demonstrations, and other instruction without active participation by students. The approved provider or its designee may provide didactic instruction via electronic media, home study materials, or live lecture methodology if the provider has submitted that content for approval.

(b) “Laboratory instruction” means instruction in which students receive supervised experience performing procedures using study models, mannequins, or other simulation methods. There shall be at least one instructor for every 14 students who are simultaneously engaged in laboratory instruction.

(c) “Preclinical instruction” means instruction in which students receive supervised experience performing procedures on students, faculty, or staff members. There shall be at least one instructor for

every six students who are simultaneously engaged in preclinical instruction.

(d) “Clinical instruction” means instruction in which students receive supervised experience in performing procedures in a clinical setting on patients. Clinical instruction shall only be performed upon successful demonstration and evaluation of preclinical skills. There shall be at least one instructor for every six students who are simultaneously engaged in clinical instruction.

(E) This section shall remain in effect only until January 1, 2011, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2011, deletes or extends that date.

SEC. 34. Section 1755 is added to the Business and Professions Code, to read:

1755. (a) (1) The criteria in subdivisions (b) to (h), inclusive, shall be met by a dental assisting program or course and all orthodontic assisting and dental sedation assisting permit programs or courses to secure and maintain approval by the board as provided in this article.

(2) The board may approve, provisionally approve, or deny approval of any program or course.

(3) Program and course records shall be subject to inspection by the board at any time.

(4) The board may withdraw approval at any time that it determines that a program or course does not meet the requirements established in this section or any other requirements of law.

(5) All programs and courses shall be established at the postsecondary educational level or deemed equivalent thereto by the board.

(b) The program or course director shall possess a valid, active, and current license issued by the board. The program or course director shall actively participate in and be responsible for the day-to-day administration of the program or course, including the following requirements:

(1) Maintaining for a period of not less than five years copies of curricula, program outlines, objectives, and grading criteria, and copies of faculty credentials, licenses, and certifications, and individual student records, including those necessary to establish satisfactory completion of the program or course.

(2) Informing the board of any major change to the program or course content, physical facilities, or faculty, within 10 days of the change.

(3) Ensuring that all staff and faculty involved in clinical instruction meet the requirements set forth in this article.

(c) No faculty member shall instruct in any procedure that he or she is not licensed or permitted to perform. Each faculty member shall have been licensed or permitted for a minimum of two years and possess experience in the subject matter he or she is teaching.

(d) A certificate or other evidence of completion shall be issued to each student who successfully completes the program or course and shall include the student's name, the name of the program or course, the total number of program or course hours, the date of completion, and the signature of the program or course director or his or her designee.

(e) Facilities and class scheduling shall provide each student with sufficient opportunity, with instructor supervision, to develop minimum competency in all duties for which the program or course is approved to instruct.

(1) The location and number of general use equipment and armamentaria shall ensure that each student has the access necessary to develop minimum competency in all of the duties for which the program or course is approved to instruct. The program or course provider may either provide the specified equipment and supplies or require that the student provide them. Nothing in this section shall preclude a dental office that contains the equipment required by this section from serving as a location for laboratory instruction.

(2) The minimum requirement for armamentaria includes infection control materials specified by the Division of Occupational Safety and Health and the regulations of the board, protective eyewear, mask, and gloves for each student and faculty member, and appropriate eye protection for each piece of equipment.

(3) Clinical instruction shall be of sufficient duration to allow the procedures to be performed to clinical proficiency. Operatories shall be sufficient in number to allow a ratio of at least one operatory for every five students who are simultaneously engaged in clinical instruction.

(A) Each operatory shall contain functional equipment, including a power-operated chair for treating patients in a supine position, operator and assistant stools, air-water syringe, adjustable light, oral evacuation equipment, work surface, and adjacent hand-washing sink.

(B) Each operatory shall be of sufficient size to simultaneously accommodate one student, one instructor, and one patient.

(f) The program or course shall establish written clinical and laboratory protocols to ensure adequate asepsis, infection, and hazard control and disposal of hazardous wastes, that comply with the board's regulations and other federal, state, and local requirements. The program or course shall provide these protocols to all students, faculty, and appropriate staff to ensure compliance with these protocols. Adequate space shall be provided for preparing and sterilizing all armamentarium. All reusable armamentarium shall be sterilized and nonreusable items properly disposed.

(g) A written policy on managing emergency situations shall be made available to all students, faculty, and staff. All faculty and staff involved in the direct provision of patient care shall be certified in basic life support procedures, including cardiopulmonary resuscitation. Recertification intervals may not exceed two years. The program or course director shall ensure and document compliance by faculty and staff. A program or course shall not be required to ensure that students complete instruction in basic life support prior to performing procedures on patients.

(h) A detailed program or course outline shall clearly state curriculum subject matter and specific instruction hours in the individual areas of didactic, laboratory, and clinical instruction. General program or course objectives and specific instructional unit objectives shall be stated in writing, and shall include theoretical aspects of each subject as well as practical application. Objective evaluation criteria shall be used for measuring student progress toward attainment of specific program or course objectives. Students shall be provided with all of the following:

(1) Specific unit objectives and the evaluation criteria that will be used for all aspects of the curriculum including written, practical, and clinical examinations.

(2) Standards of performance that state the minimum number of satisfactory performances that are required for each procedure.

(3) Standards of performance for laboratory, preclinical, and clinical functions, those steps that constitute a critical error and would cause the student to fail the procedure, and a description of each of the grades that may be assessed for each procedure.

(i) (1) If an extramural clinical facility is utilized, students shall, as part of an extramural organized program of instruction, be provided with planned, supervised clinical instruction. Laboratory and preclinical instruction shall be performed under the direct supervision of program or course faculty and shall not be provided in extramural facilities.

(2) The program or course director, or a designated faculty member, shall be responsible for selecting extramural clinical sites and evaluating student competence in performing procedures both before and after the clinical assignment.

(3) The program or course director, or a designated faculty member, shall orient dentists who intend to provide extramural clinical facilities prior to the student assignment. Orientation shall include the objectives of the program or course, the student's preparation for the clinical assignment, and a review of procedures and criteria to be used by the dentist in evaluating the student during the assignment. The program or course faculty and extramural clinic personnel shall use the same objective evaluation criteria.

(4) There shall be a written contract of affiliation with each extramural clinical facility, which shall describe the settings in which the clinical training will be received, and affirm that the dentist and clinic personnel acknowledge the legal scope of duties and infection control requirements, that the clinical facility has the necessary equipment and armamentaria appropriate for the procedures to be performed, and that the equipment and armamentaria are in safe operating condition.

(j) Any additional requirements that the board may prescribe by regulation.

(k) This section shall remain in effect only until January 1, 2011, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2011, deletes or extends that date.

SEC. 35. Section 1756 of the Business and Professions Code is amended and renumbered to read:

1753.1. (a) The board may license as a registered dental assistant in extended functions a person who satisfies all of the following eligibility requirements:

- (1) Status as a registered dental assistant.
- (2) Completion of clinical training approved by the board in a facility affiliated with a dental school under the direct supervision of the dental school faculty.
- (3) Satisfactory performance on an examination required by the board.

(b) This section shall remain in effect only until January 1, 2010, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2010, deletes or extends that date.

SEC. 36. Section 1756 is added to the Business and Professions Code, to read:

1756. In addition to the requirements of Section 1755, the following criteria shall be met by a course in infection control, as required in Sections 1750, 1750.2, 1750.4, and 1752.1, to secure and maintain approval by the board:

(a) Adequate provisions for the supervision and operation of the course in infection control shall be made. Notwithstanding Section 1755, faculty shall not be required to be licensed by the board, but faculty shall have experience in the instruction of the infection control regulations and guidelines issued by the board and the Division of Occupational Safety and Health (Cal-DOSH). In addition to the requirements of Section 1755, all faculty responsible for clinical evaluation shall have completed a two-hour methodology course in clinical evaluation.

(b) A course in infection control shall be of sufficient duration for the student to develop minimum competency in all aspects of infection control regulations and guidelines issued by the board and Cal-DOSH, but in no event less than eight hours, including at least four hours of didactic instruction, at least two hours of laboratory or preclinical instruction, and at least two hours of clinical instruction. Preclinical instruction shall utilize instruments, surfaces, and situations where contamination is simulated, without actual contamination, from bloodborne and other pathogens being present.

(c) The minimum requirements for equipment and armamentaria shall include personal protective equipment, FDA-approved sterilizer, ultrasonic unit or instrument processing device, sharps

container, selection of instruments, equipment, and armamentaria that are necessary to instruct or demonstrate proper hazardous waste disposal, consistent with Cal-DOSH regulations, local, state, and federal mandates, and all other armamentaria required to instruct or properly demonstrate the subjects described in the course content.

(d) Areas of instruction shall include, at a minimum, the instruction specified in subdivisions (e) and (f).

(e) Didactic instruction shall include, at a minimum, the following as they relate to the infection control regulations of the board and of Cal-DOSH:

(1) Basic dental science and microbiology as they relate to infection control in dentistry.

(2) Legal and ethical aspects of infection control procedures.

(3) Terms and protocols specified in the regulations of the board regarding the minimum standards for infection control.

(4) Principles of modes of disease transmission and prevention.

(5) Principles, techniques, and protocols of hand hygiene, personal protective equipment, surface barriers and disinfection, sterilization, sanitation, and hazardous chemicals associated with infection control.

(6) Principles and protocols of sterilizer monitoring and the proper loading, unloading, storage, and transportation of instruments to work area.

(7) Principles and protocols associated with sharps management.

(8) Principles and protocols of infection control for laboratory areas.

(9) Principles and protocols of waterline maintenance.

(10) Principles and protocols of regulated and nonregulated waste management.

(11) Principles and protocols related to injury and illness prevention, hazard communication, general office safety, exposure control, postexposure requirements, and monitoring systems for radiation safety and sterilization systems.

(f) Preclinical instruction shall include three experiences in the following areas, with one used for a practical examination. Clinical instruction shall include two experiences in the following areas, with one used for a clinical examination:

(1) Apply hand cleansing products and perform hand cleansing techniques and protocols.

(2) Apply, remove, and dispose of patient treatment gloves, utility gloves, overgloves, protective eyewear, masks, and clinical attire.

(3) Apply the appropriate techniques and protocols for the preparation, sterilization, and storage of instruments including, at a minimum, application of personal protective equipment, precleaning, ultrasonic cleaning, rinsing, sterilization wrapping, internal or external process indicators, labeling, sterilization, drying, storage, and delivery to work area.

(4) Preclean and disinfect contaminated operatory surfaces and devices, and properly use, place, and remove surface barriers.

(5) Maintain sterilizer including, at a minimum, proper instrument loading and unloading, operation cycle, spore testing, and handling and disposal of sterilization chemicals.

(6) Apply work practice controls as they relate to the following classification of sharps: anesthetic needles or syringes, orthodontic wires, and broken glass.

(7) Apply infection control protocol for the following laboratory devices: impressions, bite registrations, and prosthetic appliances.

(8) Perform waterline maintenance, including use of water tests and purging of waterlines.

(g) Each student shall pass a written examination that reflects the curriculum content, which may be administered at intervals throughout the course as determined by the course director.

(h) This section shall remain in effect only until January 1, 2011, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2011, deletes or extends that date.

SEC. 37. Section 1756.1 is added to the Business and Professions Code, to read:

1756.1. In addition to the requirements of Section 1755, the following criteria shall be met by a orthodontic assistant permit course to secure and maintain approval by the board. The board may approve orthodontic assistant permit courses prior to January 1, 2010, and recognize the completion of orthodontic assistant permit courses by students prior to January 1, 2010, but the board may not issue an orthodontic assistant permit to students graduating from orthodontic assistant permit courses until on or after January 1, 2010.

(a) The course shall be of sufficient duration for the student to develop minimum competence in all of the duties that orthodontic

assistant permitholders are authorized to perform, but in no event less than 84 hours, including at least 24 hours of didactic instruction, at least 28 hours of laboratory instruction, and at least 32 hours of clinical instruction.

(b) The minimum requirements for equipment and armamentaria shall include banded or bonded orthodontic typodonts in the ratio of at least one for every four students, bench mount or dental chair mounted mannequin head, curing light, regular typodont with full dentition and soft gingiva in the ratio of at least one for every four students, and a selection of orthodontic instruments and adjunct material for all of the procedures that orthodontic assistant permitholders are authorized to perform.

(c) All faculty responsible for clinical evaluation shall have completed a two-hour methodology course in clinical evaluation prior to conducting clinical evaluations of students.

(d) Areas of instruction shall include, at a minimum, the instruction specified in subdivisions (e) to (j), inclusive. In addition to the requirements of those subdivisions, instruction shall include basic background information on orthodontic practice, including orthodontic treatment review, charting, patient education, and legal and infection control requirements as they apply to orthodontic practice.

(e) The following requirements shall be met for sizing, fitting, cementing, and removing orthodontic bands:

(1) Didactic instruction shall include the following:

(A) Theory of band positioning and tooth movement.

(B) Characteristics of band material including malleability, stiffness, ductility, and work hardening.

(C) Techniques for orthodontic banding and removal, including all of the following:

(i) Armamentaria.

(ii) General principles of fitting and removing bands.

(iii) Normal placement requirements of brackets, tubes, lingual sheaths, lingual cleats, and buttons onto bands.

(iv) Orthodontic cements and adhesive materials: classifications, armamentaria, and mixing technique.

(v) Cementing bands: armamentaria, mixing technique, and band cementation procedures.

(vi) Procedure for removal of bands after cementation.

(2) Laboratory instruction shall include typodont experience in the sizing, fitting, cementing, and removal of four posterior first molar bands a minimum of two times, with the cementing and removal of two first molar bands used as a practical examination.

(3) Clinical instruction shall include the sizing, fitting, cementing, and removal of four posterior first molar bands on at least two patients.

(f) The following requirements shall be met for preparing teeth for bonding:

(1) Didactic instruction shall include the following: chemistry of etching materials and tooth surface preparation, application and time factors, armamentaria, and techniques for tooth etching.

(2) Laboratory instruction shall include typodont experience with etchant application in preparation for subsequent bracket bonding on four anterior and four posterior teeth a minimum of four times each, with one of each of the four times used for a practical examination.

(3) Clinical instruction shall include etchant application in preparation for bracket bonding on anterior and posterior teeth on at least two patients.

(g) The following requirements shall be met for bracket positioning, bond curing, and removal of orthodontic brackets.

(1) Didactic instruction shall include the following:

(A) Characteristics and methods of orthodontic bonding.

(B) Armamentaria.

(C) Types of bracket bonding surfaces.

(D) Bonding material characteristics, application techniques, and curing time factors.

(E) Procedure for direct and indirect bracket bonding.

(F) Procedures for bracket or tube removal.

(2) Laboratory instruction shall include typodont experience with selecting, prepositioning, tooth etching, positioning, curing and removing of four anterior and four posterior brackets a minimum of four times each, with one each of the four times used for a practical examination.

(3) Clinical instruction shall include selecting, adjusting, prepositioning, etching, curing and removal of anterior and posterior brackets on at least two patients.

(h) The following requirements shall be met for archwire placement and ligation:

- (1) Didactic instruction shall include the following:
 - (A) Archwire characteristics.
 - (B) Armamentaria.
 - (C) Procedures for placement of archwire previously adjusted by the dentist.
 - (D) Ligature systems, purpose and types, including elastic, wire, and self-ligating.
- (2) Laboratory instruction shall include typodont experience on the following:
 - (A) The insertion of a preformed maxillary and mandibular archwire a minimum of four times per arch, with one of each of the four times used for a practical examination.
 - (B) Ligation of maxillary and mandibular archwire using elastic or metal ligatures or self-ligating brackets a minimum of four times per arch, with one of each of the four times used for a practical examination.
- (3) Clinical instruction shall include the following:
 - (A) Insertion of a preformed maxillary and mandibular archwire on at least two patients.
 - (B) Ligating both preformed maxillary and mandibular archwires using a combination of elastic and metal ligatures or self-ligating brackets on at least two patients for each.
 - (i) The following requirements shall be met for cement removal with a hand instrument:
 - (1) Didactic instruction shall include, armamentaria and techniques of cement removal using hand instruments and related materials.
 - (2) Laboratory instruction shall include typodont experience on the removal of excess cement supragingivally from an orthodontically banded typodont using a hand instrument four times, with one of the four times used for a practical examination.
 - (3) Clinical instruction shall include removal of excess cement supragingivally from orthodontic bands with a hand instrument on at least two patients.
 - (j) Instruction for cement removal with an ultrasonic scaler shall be in accordance with the regulations of the board governing courses in the removal of excess cement from teeth under orthodontic treatment with an ultrasonic scaler.

(k) Each student shall pass a written examination that reflects the curriculum content, which may be administered at intervals throughout the course as determined by the course director.

(l) This section shall remain in effect only until January 1, 2011, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2011, deletes or extends that date.

SEC. 38. Section 1756.2 is added to the Business and Professions Code, to read:

1756.2. In addition to the requirements of Section 1755, the following criteria shall be met by a dental sedation assistant permit course to secure and maintain approval by the board. The board may approve a dental sedation assistant permit course prior to January 1, 2010, and recognize the completion of these courses by students prior to January 1, 2010, but the board may not issue a dental sedation assistant permit to students graduating from dental sedation assistant permit courses until on or after January 1, 2010. As used in this section, “IV” means “intravenous.”

(a) (1) The course director or faculty may, in lieu of a license issued by the board, possess a valid, active, and current license issued in California as a certified registered nurse anesthetist or a physician and surgeon.

(2) All faculty responsible for clinical evaluation shall have completed a two-hour methodology course in clinical evaluation prior to conducting clinical evaluations of students.

(b) The course shall be of a sufficient duration for the student to develop minimum competence in all of the duties that dental sedation assistant permitholders are authorized to perform, but in no event less than 110 hours, including at least 40 hours of didactic instruction, at least 32 hours of combined laboratory and preclinical instruction, and at least 38 hours of clinical instruction.

(c) (1) The following are minimum requirements for equipment and armamentaria: one pulse oximeter for each six students; one automated external defibrillator (AED) or AED trainer; one capnograph or teaching device for monitoring of end tidal CO₂; blood pressure cuff and stethoscope for each six students; one pretracheal stethoscope for each six students; one electrocardiogram machine, one automatic blood pressure/pulse measuring system/machine, and one oxygen delivery system including oxygen tank; one IV start kit for each student; one venous access device kit for each student; IV equipment and supplies for IV infusions

including hanging device infusion containers and tubing for each six students; one sharps container for each six students; packaged syringes, needles, needleless devices, practice fluid ampules and vials for each student; stopwatch or timer with second hand for each six students; one heart/lung sounds mannequin or teaching device; tonsillar or pharyngeal suction tip, endotracheal tube forceps, endotracheal tube and appropriate connectors, suction equipment for aspiration of oral and pharyngeal cavities, and laryngoscope in the ratio of at least one for each six students; any other monitoring or emergency equipment that the regulations of the board require for the administration of general anesthesia or conscious sedation; and a selection of instruments and supplemental armamentaria for all of the procedures that dental sedation assistant permitholders are authorized to perform.

(2) Each operatory used for preclinical or clinical training shall contain either a surgery table or a power-operated chair for treating patients in a supine position, an irrigation system or sterile water delivery system as they pertain to the specific practice, and all other equipment and armamentarium required to instruct in the duties that dental sedation assistant permitholders are authorized to perform.

(3) All students, faculty, and staff involved in the direct provision of patient care shall be certified in basic life support procedures, including the use of an automatic electronic defibrillator.

(d) Areas of instruction shall include, at a minimum, the instruction specified in subdivisions (e) to (n), inclusive, as they relate to the duties that dental sedation assistant permitholders are authorized to perform.

(e) General didactic instruction shall include:

(1) Patient evaluation and selection factors through review of medical history, physical assessment, and medical consultation.

(2) Characteristics of anatomy and physiology of the circulatory, cardiovascular, and respiratory systems, and the central and peripheral nervous system.

(3) Characteristics of anxiety management related to the surgical patient, relatives, and escorts, and characteristics of anxiety and pain reduction techniques.

(4) Overview of the classification of drugs used by patients for cardiac disease, respiratory disease, hypertension, diabetes, neurological disorders, and infectious diseases.

(5) Overview of techniques and specific drug groups utilized for sedation and general anesthesia.

(6) Definitions and characteristics of levels of sedation achieved with general anesthesia and sedative agents, including the distinctions between conscious sedation, deep sedation, and general anesthesia.

(7) Overview of patient monitoring during conscious sedation and general anesthesia.

(8) Prevention, recognition, and management of complications.

(9) Obtaining informed consent.

(f) (1) With respect to medical emergencies, didactic instruction shall include an overview of medical emergencies, including, but not limited to, airway obstruction, bronchospasm or asthma, laryngospasm, allergic reactions, syncope, cardiac arrest, cardiac dysrhythmia, seizure disorders, hyperglycemia and hypoglycemia, drug overdose, hyperventilation, acute coronary syndrome including angina and myocardial infarction, hypertension, hypotension, stroke, aspiration of vomitus, and congestive heart failure.

(2) Laboratory instruction shall include the simulation and response to at least the following medical emergencies: airway obstruction, bronchospasm, emesis and aspiration of foreign material under anesthesia, angina pectoris, myocardial infarction, hypotension, hypertension, cardiac arrest, allergic reaction, convulsions, hypoglycemia, syncope, and respiratory depression. Both training mannequins and other students or staff may be used for simulation. Instruction shall include at least two experiences each, one of each of which shall be used for a practical examination.

(g) With respect to sedation and the pediatric patient, didactic instruction shall include the following:

(1) Psychological considerations.

(2) Patient evaluation and selection factors through review of medical history, physical assessment, and medical consultation.

(3) Definitions and characteristics of levels of sedation achieved with general anesthesia and sedative agents, with special emphasis

on the distinctions between conscious sedation, deep sedation, and general anesthesia.

(4) Review of respiratory and circulatory physiology and related anatomy, with special emphasis on establishing and maintaining a patent airway.

(5) Overview of pharmacology agents used in contemporary sedation and general anesthesia.

(6) Patient monitoring.

(7) Obtaining informed consent.

(8) Prevention, recognition, and management of complications, including principles of basic life support.

(h) With respect to physically, mentally, and neurologically compromised patients, didactic instruction shall include the following: an overview of characteristics of Alzheimer's disease, autism, cerebral palsy, Down's syndrome, mental retardation, multiple sclerosis, muscular dystrophy, Parkinson's disease, schizophrenia, and stroke.

(i) With respect to health history and patient assessment, didactic instruction shall include, but not be limited to, the recording of the following:

(1) Age, sex, weight, physical status (American Society of Anesthesiologists Classification), medication use, general health, any known or suspected medically compromising conditions, rationale for anesthesia or sedation of the patient, visual examination of the airway, and auscultation of the heart and lungs as medically required.

(2) General anesthesia or conscious sedation records including a time-oriented record with preoperative, multiple intraoperative, and postoperative pulse oximetry and blood pressure and pulse readings, amounts of time of drug administration, length of procedure, complications of anesthesia or sedation, and a statement of the patient's condition at time of discharge.

(j) With respect to monitoring heart sounds with pretracheal/precordial stethoscope and ECG/EKG and use of AED:

(1) Didactic instruction shall include the following:

(A) Characteristics of pretracheal/precordial stethoscope.

(B) Review of anatomy and physiology of circulatory system: heart, blood vessels, and cardiac cycle as it relates to EKG.

(C) Characteristics of rhythm interpretation and waveform analysis basics.

(D) Characteristics of manual intermittent and automatic blood pressure and pulse assessment.

(E) Characteristics and use of an AED.

(F) Procedure for using a pretracheal/precordial stethoscope for monitoring of heart sounds.

(G) Procedure for use and monitoring of the heart with an ECG/EKG machine, including electrode placement, and the adjustment of such equipment.

(H) Procedure for using manual and automatic blood pressure/pulse/respiration measuring system.

(2) Preclinical instruction shall include at least three experiences on another student or staff person for each of the following, one of each of which shall be used for an examination. Clinical instruction shall include at least three experiences on a patient for each of the following, one of each of which shall be used for a clinical examination:

(A) Assessment of blood pressure and pulse both manually and utilizing an automatic system.

(B) Placement and assessment of an electrocardiogram (ECG/EKG). Instruction shall include the adjustment of such equipment.

(C) Monitoring and assessment of heart sounds with a pretracheal/precordial stethoscope.

(D) Use of an AED or AED trainer.

(k) With respect to monitoring lung/respiratory sounds with pretracheal/precordial stethoscope and monitoring oxygen saturation end tidal CO₂ with pulse oximeter and capnograph:

(1) Didactic instruction shall include the following:

(A) Characteristics of pretracheal/precordial stethoscope, pulse oximeter and capnograph for respiration monitoring.

(B) Review of anatomy and physiology of respiratory system to include the nose, mouth, pharynx, epiglottis, larynx, trachea, bronchi, bronchioles, and alveolus.

(C) Characteristics of respiratory monitoring/lung sounds: mechanism of respiration, composition of respiratory gases, oxygen saturation.

(D) Characteristics of manual and automatic respiration assessment.

(E) Procedure for using a pretracheal/precordial stethoscope for respiration monitoring.

(F) Procedure for using and maintaining pulse oximeter for monitoring oxygen saturation.

(G) Procedure for use and maintenance of capnograph.

(H) Characteristics for monitoring blood and skin color and other related factors.

(I) Procedures and use of an oxygen delivery system.

(J) Characteristics of airway management to include armamentaria and use.

(2) Preclinical and clinical instruction shall include at least three experiences on a student or staff person for each of the following, one of each of which shall be used for an examination. Clinical instruction shall include at least three experiences on a patient for each of the following, one of which shall be used for a clinical examination:

(A) Assessment of respiration rates.

(B) Monitoring and assessment of lung sounds and ventilation with a pretracheal/precordial stethoscope.

(C) Monitoring oxygen saturation with a pulse oximeter.

(D) Use of an oxygen delivery system.

(I) With respect to drug identification and draw:

(1) Didactic instruction shall include:

(A) Characteristics of syringes and needles including use, types, gauges, lengths, and components.

(B) Characteristics of drug, medication, and fluid storage units, use, type, components, identification of label including generic and brand names, strength, potential adverse reactions, expiration date, and contraindications.

(C) Characteristics of drug draw including armamentaria, label verification, ampule and vial preparation, and drug withdrawal techniques.

(2) Laboratory instruction shall include at least three experiences in the withdrawal of fluids from a vial or ampule in the amount specified by faculty, one of which shall be for a practical examination.

(3) Clinical instruction shall include at least three experiences in the evaluation of vial or container labels for identification of content, dosage, and strength and in the withdrawal of fluids from a vial or ampule in the amount specified by faculty or the extramural facility dentist.

(m) With respect to adding drugs, medications, and fluids to IV lines:

(1) Didactic instruction shall include:

(A) Characteristics of adding drugs, medications, and fluids to IV lines in the presence of a licensed dentist.

(B) Armamentaria.

(C) Procedures for adding drugs, medications, and fluids, including amount and time intervals.

(D) Procedures for adding drugs, medications, and fluids by IV bolus.

(E) Characteristics of patient observation for signs and symptoms of drug response.

(2) Laboratory instruction shall include at least three experiences of adding fluids to an existing IV line on a venipuncture training arm or in a simulated environment, one of which shall be used for a practical examination.

(3) Clinical instruction shall include at least three experiences adding fluids to existing IV lines on at least three patients in the presence of a licensed dentist.

(n) With respect to the removal of IV lines:

(1) Didactic instruction shall include overview and procedures for the removal of an IV line.

(2) Laboratory instruction shall include at least three experiences on a venipuncture training arm or in a simulated environment for IV removal, one of which shall be used for a practical examination.

(3) Clinical instruction shall include at least three experiences removing IV lines on at least three patients in the presence of a licensed dentist.

(o) Each student shall pass a written examination that reflects the curriculum content, which may be administered at intervals throughout the course as determined by the course director.

(p) This section shall remain in effect only until January 1, 2011, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2011, deletes or extends that date.

SEC. 39. Section 1757 of the Business and Professions Code is amended and renumbered to read:

1753.6. (a) Each person who holds a license as a registered dental assistant in extended functions on the operative date of this section may only perform those procedures that a registered dental assistant is allowed to perform as specified in and limited by

Section 1752.4, and the procedures specified in paragraphs (1) to (6), inclusive, until he or she provides evidence of having completed a board-approved course in the additional procedures specified in paragraphs (1), (2), (5), and (7) to (11), inclusive, of subdivision (b) of Section 1753.5, and an examination as specified in Section 1753.4:

- (1) Cord retraction of gingiva for impression procedures.
- (2) Take final impressions for permanent indirect restorations.
- (3) Formulate indirect patterns for endodontic post and core castings.
- (4) Fit trial endodontic filling points.
- (5) Apply pit and fissure sealants.
- (6) Remove excess cement from subgingival tooth surfaces with a hand instrument.

(b) This section shall become operative on January 1, 2010.

SEC. 40. Section 1757 is added to the Business and Professions Code, to read:

1757. (a) A registered dental assistant program shall receive board approval prior to operation.

(1) In order for a registered dental assistant program to secure and maintain approval by the board, it shall meet the requirements of Section 1755 and the following requirements:

(A) Programs approved on or after January 1, 2009, shall meet all of the requirements of this section.

(B) Programs approved prior to January 1, 2009, shall meet all of the requirements of this section except as otherwise specified. Such a program shall continue to be approved only if it has certified to the board no later than April 30, 2009, on a form specified by the board, that it shall, no later than July 1, 2009, comply with all of the requirements of this section in providing instruction in all duties that registered dental assistants will be allowed to perform on and after January 1, 2010. The certification to the board shall contain the date on which the program will begin teaching those duties.

(2) A program shall notify the board in writing if it wishes to increase the maximum student enrollment for which it is approved and shall provide whatever additional documentation the board requires to reapprove the program for the increased enrollment prior to accepting additional students.

(3) The board may at any time conduct a thorough evaluation of an approved educational program's curriculum and facilities to determine whether the program meets the requirements for continued approval.

(4) The board may, in lieu of conducting its own investigation, accept the findings of any commission or accreditation agency approved by the board and adopt those findings as its own.

(b) Programs shall have an advisory committee consisting of an equal number of registered dental assistants and dentists, including at least two registered dental assistants and two dentists, all currently licensed by the board. The advisory committee shall meet at least once each academic year with the program director, faculty, and appropriate institutional personnel to monitor the ongoing quality and performance of the program. Programs that admit students at different phases shall meet at least twice each year.

(c) Adequate provision for the supervision and operation of the program shall be made. In addition to the requirements of Section 1755, the following requirements shall be met:

(1) Each program faculty member shall have successfully completed a board-approved course in the application of pit and fissure sealants.

(2) By January 1, 2010, each faculty member shall have completed a board-approved course in instructional methodology of at least 30 hours, unless he or she holds any one of the following: a postgraduate degree in education, a Ryan Designated Subjects Vocational Education Teaching Credential, a Standard Designated Subjects Teaching Credential, or, a Community College Teaching Credential. Each faculty member employed on or after January 1, 2010, shall complete a course in instructional methodology within six months of employment.

(3) The program director shall have teaching responsibilities that are less than those of a full-time faculty member. He or she shall actively participate in and be responsible for the day-to-day administration of the program including the following:

(A) Participating in budget preparation and fiscal administration, curriculum development and coordination, determination of teaching assignments, supervision and evaluation of faculty, establishment of mission criteria and procedures, design and

operation of program facilities, and selection of extramural facilities and coordination of instruction in those facilities.

(B) Holding periodic faculty meetings to provide for subject matter correlation and curriculum evaluation, and coordinating activities of full-time, part-time, and volunteer faculty.

(C) Maintaining for not less than five years' copies of minutes of all advisory committee meetings.

(4) The owner or school administrator shall be responsible for the compliance of the program director with the provisions of this section and Section 1755.

(d) The program shall have sufficient financial resources available to support the program and to comply with this section. If the program or school requires approval by any other governmental agency, that approval shall be obtained prior to application to the board for approval and shall be maintained at all times. The failure to maintain that approval shall result in the automatic withdrawal of board approval of the program.

(e) The program shall be of sufficient duration for the student to develop minimum competence in performing dental assistant and registered dental assistant duties, but in no event less than 800 hours, including at least 275 hours of didactic instruction, at least 260 hours of laboratory instruction, and at least 85 hours of preclinical and clinical instruction conducted in the program's facilities under the direct supervision of program faculty. No more than 20 hours shall be devoted to instruction in clerical, administrative, practice management, or similar duties. A program approved prior to January 1, 2009, shall comply with board regulations with regard to required program hours until the date specified in the written certification from the program to the board that it will begin teaching the duties that registered dental assistants will be authorized to perform on and after January 1, 2010.

(f) In addition to the requirements of Section 1755 with regard to extramural instruction, no more than 25 percent of the required clinical instruction shall take place in extramural clinical facilities, and no more than 25 percent of extramural clinical instruction shall take place in a speciality dental practice.

(g) Facilities and class scheduling shall provide each student with sufficient opportunity, with instructor supervision, to develop minimum competency in all duties that registered dental assistants

are authorized to perform. The following requirements are in addition to those contained in Section 1755:

(1) The following are minimum requirements for equipment and armamentaria during laboratory, preclinical, and clinical sessions as appropriate to each type of session and in ratios specified in Section 1070.2 of Title 16 of the California Code of Regulations: amalgamator, model trimmers, dental rotary equipment, vibrators, light curing devices, functional typodont and bench mounts, functional orthodontically banded typodonts, facebows, automated blood pressure device, EKG machine, pulse oximeters, capnograph or simulated device, sets of hand instruments for each procedure, respiration device, camera for intraoral use, camera for extraoral use, CAD machine or simulated device, caries detection device, and all other equipment and armamentaria required to teach dental assistant and registered dental assistant duties.

(2) One permanently preassembled tray for each procedure shall be provided for reference purposes.

(3) Provision shall be made for reasonable access to current and diverse dental and medical reference texts, current journals, audiovisual materials, and other necessary resources. Library holdings, which may include access through the Internet, shall include materials relating to all subject areas of the program curriculum.

(4) Emergency materials shall include, but not be limited to, an oxygen tank that is readily available and functional. Medical materials for treating patients with life-threatening conditions shall be available for instruction and accessible to the operatories. Facilities that do not treat patients shall maintain a working model of a kit of such emergency materials for instructional purposes.

(h) The curriculum shall be established, reviewed, and amended as necessary to allow for changes in the practice of dentistry and registered dental assisting. Programs that admit students in phases shall provide students with basic instruction prior to participation in any other portion of the program that shall, at a minimum, include tooth anatomy, tooth numbering, general program guidelines and safety precautions, and infection control and sterilization protocols associated with and required for patient treatment. All programs shall provide students with additional instruction in the infection control regulations and guidelines of

the board and Cal-DOSH prior to the student's performance of procedures on patients.

(i) (1) A program approved prior to January 1, 2009, shall comply with board regulations with regard to program content until the date specified in the written certification from the program to the board, as specified in subparagraph (B) of paragraph (1) of subdivision (a), after which time the program content shall meet the requirements of paragraph (2).

(2) Programs receiving initial approval on or after January 1, 2009, shall meet all the requirements of Section 1755, and subdivisions (j) and (k) of this section, and shall include the following additional content:

(A) A radiation safety course that meets all of the requirements of the regulations of the board.

(B) A coronal polishing course that meets all of the requirements of the regulations of the board.

(C) A pit and fissure sealant course that meets all of the requirements of the regulations of the board.

(D) A course in basic life support provided by an instructor approved by the American Red Cross or the American Heart Association, or any other course approved by the board as equivalent.

(3) On and after January 1, 2009, a program that desires to provide instruction in the following areas shall apply separately for approval to provide the following courses:

(A) A course in the removal of excess cement with an ultrasonic scaler, which course shall meet the requirements of the regulations of the board.

(B) An orthodontic assistant permit course that shall meet the requirements of Section 1756.1, except that a program shall not be required to obtain separate approval to teach the duties of placing ligature ties and archwires, removing orthodontic bands, and removing excess cement from surfaces of teeth with a hand instrument. Notwithstanding Section 1756.1, an orthodontic assistant permit course provided by a registered dental assistant program, to the students enrolled in such program, shall be no less than 60 hours, including at least 12 hours of didactic instruction, at least 26 hours of preclinical instruction, and at least 22 hours of clinical instruction.

(C) A dental sedation assistant permit course that shall meet the requirements of Section 1756.2.

(j) General didactic instruction shall include, at a minimum, the following:

(1) Principles of general anatomy, physiology, oral embryology, tooth histology, and head-neck anatomy.

(2) Principles of abnormal conditions related to and including oral pathology, orthodontics, periodontics, endodontics, pediatric dentistry, oral surgery, prosthodontics, and esthetic dentistry.

(3) Legal requirements and ethics related to scope of practice, unprofessional conduct, and, patient records and confidentiality.

(4) Principles of infection control and hazardous communication requirements in compliance with the board's regulations and other federal, state, and local requirements.

(5) Principles and federal, state, and local requirements related to pharmacology.

(6) Principles of medical-dental emergencies and first aid management, including symptoms and treatment.

(7) Principles of the treatment planning process including medical health history data collection, patient and staff confidentiality, and charting.

(8) Principles of record classifications including management, storage, and retention protocol for all dental records.

(9) Principles and protocols of special needs patient management.

(10) Principles, protocols, and armamentaria associated with all dental assisting chairside procedures.

(11) Principles, protocols, manipulation, use, and armamentaria for dental materials.

(12) Principles and protocols for oral hygiene preventative methods including, plaque identification, toothbrushing and flossing techniques, and nutrition.

(13) Principles, protocols, armamentaria, and procedures associated with operative and specialty dentistry.

(14) Principles, protocols, armamentaria, and procedures for each duty that dental assistants and registered dental assistants are allowed to perform.

(k) Laboratory and clinical instruction shall be of sufficient duration and content for each student to achieve minimum

competence in the performance of each procedure that dental assistant and registered dental assistant is authorized to perform.

(l) Each student shall pass a written examination that reflects the curriculum content, which may be administered at intervals throughout the course as determined by the course director.

(m) This section shall remain in effect only until January 1, 2011, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2011, deletes or extends that date.

SEC. 41. Section 1758 is added to the Business and Professions Code, to read:

1758. (a) In addition to the requirements of Section 1755, the following criteria shall be met by an educational program for registered dental assistants in extended functions (RDAEF) to secure and maintain approval by the board. A program approved prior to January 1, 2009, shall comply with board regulations with regard to program content until the date specified in a written certification from the program to the board that it will begin teaching the duties that RDAEFs will be allowed to perform beginning January 1, 2010, which may include the instruction of existing RDAEFs in the additional duties specified in Section 1753.6. The certification shall be filed with the board no later than July 1, 2009, and the date on which the program shall comply with the program content specified in this section shall be no later than January 1, 2010.

(1) A program applying for approval to teach all of the duties specified in Section 1753.5 shall comply with all of the requirements of this section. The board may approve RDAEF programs prior to January 1, 2010, and recognize the completion of these approved programs by students prior to January 1, 2010, but shall not issue a license to students graduating from such programs until on or after January 1, 2010.

(2) A program applying for approval to teach existing RDAEFs the additional duties specified in Section 1753.6 shall comply with all of the requirements of this section, except as follows:

(A) The program shall be no less than 288 hours, including at least 76 hours of didactic instruction, at least 180 hours of laboratory instruction, and at least 32 hours of clinical instruction.

(B) Students shall not be required to complete instruction related to the placement of gingival retraction cord, the taking of final

impressions for permanent indirect restorations, or the fitting of master and accessory points.

(b) In order to be admitted to the program, each student shall possess a valid, active, and current license as a registered dental assistant issued by the board and shall provide evidence of successful completion of a board-approved pit and fissure sealant course.

(c) Adequate provision for the supervision and operation of the program shall be made. Notwithstanding the requirements of Section 1755, the program director and each faculty member of an approved RDAEF program shall possess a valid, active, and current license as a dentist or an RDAEF. In addition to the requirements of Section 1755, all faculty members responsible for clinical evaluation shall have completed a six-hour teaching methodology course in clinical evaluation prior to conducting clinical evaluations of students.

(d) The program shall be of sufficient duration for the student to develop minimum competence in all of the duties that RDAEFs are authorized to perform, but in no event less than 380 hours, including at least 100 hours of didactic instruction, at least 200 hours of laboratory instruction, and at least 80 hours of clinical instruction. All instruction shall be provided under the direct supervision of program staff.

(e) The following requirements are in addition to the requirements of Section 1755:

(1) The following are minimum requirements for equipment and armamentaria:

(A) Laboratory facilities with individual seating stations for each student and equipped with air, gas and air, or electric driven rotary instrumentation capability. Each station or operatory shall allow an articulated typodont to be mounted in a simulated head position.

(B) Clinical simulation facilities that provide simulated patient heads mounted in appropriate position and accommodating an articulated typodont in an enclosed intraoral environment, or mounted on a dental chair in a dental operatory. Clinical simulation spaces shall be sufficient to permit one simulation space for each two students at any one time.

(C) Articulated typodonts of both deciduous and permanent dentitions with flexible gingival tissues and with prepared teeth

for each procedure to be performed in the laboratory and clinical simulation settings. One of each type of typodont is required for each student.

(D) A selection of restorative instruments and adjunct materials for all procedures that RDAEFs are authorized to perform.

(2) Notwithstanding Section 1755, there shall be at least one operator for every two students who are simultaneously engaged in clinical instruction.

(f) Areas of instruction shall include, at a minimum, the instruction specified in subdivisions (g) to (m), inclusive. In addition to the requirements of those subdivisions, didactic instruction shall include the following:

(1) The following instruction as it relates to each of the procedures that RDAEFs are authorized to perform: restorative and prosthetic treatment review; charting; patient education; legal requirements; indications and contraindications; problem solving techniques; laboratory, preclinical, and clinical criteria and evaluation; and infection control protocol implementation.

(2) Dental science, including dental and oral anatomy, histology, oral pathology, normal or abnormal anatomical and physiological tooth descriptions, tooth morphology, basic microbiology relating to infection control, and occlusion.

(3) Characteristics and manipulation of dental materials related to each procedure.

(4) Armamentaria for all procedures.

(5) Principles, techniques, criteria, and evaluation for performing each procedure, including implementation of infection control protocols.

(6) Occlusion: the review of articulation of maxillary and mandibular arches in maximum intercuspation.

(7) Tooth isolation and matrix methodology review.

(g) General laboratory instruction shall include:

(1) Rubber dam application for tooth isolation in both maxillary and mandibular arches and for deciduous and permanent dentitions. A minimum of four experiences per arch is required, with two anterior and two posterior applications, with one of the applications used for a practical examination.

(2) Matrix placement for amalgam, and nonmetallic restorative material restorations in both primary and permanent dentitions,

with three experiences for each cavity classification and for each material.

(3) Base, liner, and etchant placement on three posterior teeth for each base, liner, or etchant, with one of the three teeth used for a practical examination.

(h) With respect to preliminary evaluation of the patient's oral health, including, but not limited to, charting, intraoral and extraoral evaluation of soft tissue, classifying occlusion, and myofunctional evaluation:

(1) Didactic instruction shall include the following:

(A) Normal anatomical structures: oral cavity proper, vestibule, and lips.

(B) Deviations from normal to hard tissue abnormalities to soft tissue abnormalities.

(C) Overview of classifications of occlusion and myofunction.

(D) Sequence of oral inspection: armamentaria, general patient assessment, review of medical history form, review of dental history form, oral cavity mouth-mirror inspection, and charting existing conditions.

(2) Preclinical instruction shall include performing an oral inspection on at least two other students.

(3) Clinical instruction shall include performing an oral inspection on at least two patients, with one of the two patients used for a clinical examination.

(i) With respect to sizing, fitting, and cementing endodontic master points and accessory points:

(1) Didactic instruction shall include the following:

(A) Review of objectives, canal preparation, filling of root canal space.

(B) Description and goals of filling technique using lateral condensation techniques.

(C) Principles and techniques of fitting, cementing master and accessory points using lateral condensation including, characteristics, manipulation, use of gutta percha and related materials, and criteria for an acceptable master and accessory points technique using lateral condensation.

(2) Laboratory instruction shall include fitting master and cementing cones on extracted teeth or assimilated teeth with canals, with two experiences each on a posterior and anterior tooth.

(j) With respect to gingival retraction, general instruction shall include:

(1) Review of characteristics of tissue management as it relates to gingival retraction with cord and electrosurgery.

(2) Description and goals of cord retraction.

(3) Principles of cord retraction, including characteristics and manipulation of epinephrine, chemical salts classification of cord, characteristics of single versus double cord technique, and techniques and criteria for an acceptable cord retraction technique.

(k) With respect to final impressions for permanent indirect and toothborne restorations:

(1) Didactic instruction shall include the following:

(A) Review of characteristics of impression material and custom.

(B) Description and goals of impression taking for permanent indirect restorations and toothborne prosthesis.

(C) Principles, techniques, criteria, and evaluation of impression taking for permanent indirect restorations and toothborne prosthesis.

(2) Laboratory instruction shall include the following:

(A) Cord retraction and final impressions for permanent indirect restorations, including impression taking of prepared teeth in maxillary and mandibular arches, one time per arch with elastomeric impression materials.

(B) Impressions for toothborne removable prostheses, including taking a total of four impressions on maxillary and mandibular arches with simulated edentulous sites and rest preparations on at least two supporting teeth in each arch.

(3) Clinical instruction shall include taking final impressions on five cord retraction patients, with one used for a clinical examination.

(l) With respect to placing, contouring, finishing, and adjusting direct restorations:

(1) Didactic instruction shall include the following:

(A) Review of cavity preparation factors and restorative material.

(B) Review of cavity liner, sedative, and insulating bases.

(C) Characteristics and manipulation of direct filling materials.

(D) Amalgam restoration placement, carving, adjusting and finishing, which includes principles, techniques, criteria and

evaluation, and description and goals of amalgam placement, adjusting and finishing in children and adults.

(E) Glass-ionomer restoration placement, carving, adjusting, contouring and finishing, which includes, principles, techniques, criteria and evaluation, and description and goals of glass-ionomer placement and contouring in children and adults.

(F) Composite restoration placement, carving, adjusting, contouring and finishing in all cavity classifications, which includes, principles, techniques, criteria, and evaluation.

(2) Laboratory instruction shall include typodont experience on the following:

(A) Placement of Class I, II, and V amalgam restorations in eight prepared permanent teeth for each classification, and in four deciduous teeth for each classification.

(B) Placement of Class I, II, III, and V composite resin restorations in eight prepared permanent teeth for each classification, and in four deciduous teeth for each classification.

(C) Placement of Class I, II, III, and V glass-ionomer restorations in four prepared permanent teeth for each classification, and in four deciduous teeth for each classification.

(3) Clinical simulation and clinical instruction shall include experience with typodonts mounted in simulated heads on a dental chair or in a simulation laboratory as follows:

(A) Placement of Class I, II, and V amalgam restorations in four prepared permanent teeth for each classification, with one of each classification used for a clinical examination.

(B) Placement of Class I, II, III, and V composite resin restorations in four prepared permanent teeth for each classification, with one of each classification used for a clinical examination.

(C) Placement of Class I, II, III, and V glass-ionomer restorations in four prepared permanent teeth for each classification, with one of each classification used for a clinical examination.

(m) With respect to adjusting and cementing permanent indirect restorations:

(1) Didactic instruction shall include the following:

(A) Review of fixed prosthodontics related to classification and materials for permanent indirect restorations, general crown preparation for permanent indirect restorations, and laboratory fabrication of permanent indirect restorations.

(B) Interocclusal registrations for fixed prosthesis, including principles, techniques, criteria, and evaluation.

(C) Permanent indirect restoration placement, adjustment, and cementation, including principles, techniques, criteria, and evaluation.

(2) Laboratory instruction shall include:

(A) Interocclusal registrations using elastomeric and resin materials. Two experiences with each material are required.

(B) Fitting, adjustment, and cementation of permanent indirect restorations on one anterior and one posterior tooth for each of the following materials, with one of each type used for a practical examination: ceramic, ceramometal, and cast metallic.

(3) Clinical experience for interocclusal registrations shall be performed on four patients who are concurrently having final impressions recorded for permanent indirect restorations, with one experience used for a clinical examination.

(n) Each student shall pass a written examination that reflects the curriculum content, which may be administered at intervals throughout the course as determined by the course director.

(o) This section shall remain in effect only until January 1, 2011, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2011, deletes or extends that date.

SEC. 42. Section 1765 of the Business and Professions Code is amended to read:

1765. No person other than a licensed dental hygienist or a licensed dentist may engage in the practice of dental hygiene or perform dental hygiene procedures on patients, including, but not limited to, supragingival and subgingival scaling, dental hygiene assessment, and treatment planning, except for the following persons:

(a) A student enrolled in a dental or a dental hygiene school who is performing procedures as part of the regular curriculum of that program under the supervision of the faculty of that program.

(b) A dental assistant, registered dental assistant, or registered dental assistant in extended functions acting in accordance with the provisions of this chapter.

(c) A registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions licensed in another jurisdiction performing a clinical demonstration for educational purposes.

SEC. 43. Section 1770 of the Business and Professions Code, as amended by Section 25 of Chapter 588 of the Statutes of 2007, is amended and renumbered to read:

1753.7. (a) A licensed dentist may simultaneously utilize in his or her practice no more than two registered dental assistants in extended functions or registered dental hygienists in extended functions licensed pursuant to Sections 1753.1 and 1918.

(b) This section shall remain in effect only until January 1, 2010, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2010, deletes or extends that date.

SEC. 44. Section 1770 of the Business and Professions Code, as amended by Section 26 of Chapter 588 of the Statutes of 2007, is amended and renumbered to read:

1753.7. (a) A licensed dentist may simultaneously utilize in his or her practice no more than three registered dental assistants in extended functions or registered dental hygienists in extended functions licensed pursuant to Section 1753 or 1918.

(b) This section shall become operative on January 1, 2010.

SEC. 45. Section 1771 of the Business and Professions Code is amended to read:

1771. Any person, other than a person who has been issued a license or permit by the board, who holds himself or herself out as a registered dental assistant, orthodontic assistant permitholder, dental sedation assistant permitholder, or registered dental assistant in extended functions, or uses any other term indicating or implying he or she is licensed or permitted by the board as such, is guilty of a misdemeanor.

SEC. 46. Section 1777 of the Business and Professions Code is amended to read:

1777. While employed by or practicing in a primary care clinic or specialty clinic licensed pursuant to Section 1204 of the Health and Safety Code, in a primary care clinic exempt from licensure pursuant to subdivision (c) of Section 1206 of the Health and Safety Code, or a clinic owned and operated by a hospital that maintains the primary contract with a county government to fill the county's role under Section 17000 of the Welfare and Institutions Code, the following shall apply:

(a) A dental assistant, registered dental assistant, or registered dental assistant in extended functions may perform any extraoral

duty under the direct supervision of a registered dental hygienist or registered dental hygienist in alternative practice.

(b) A registered dental assistant or a registered dental assistant in extended functions may perform the following procedures under the direct supervision of a registered dental hygienist or a registered dental hygienist in alternative practice, pursuant to subdivision (b) of Section 1763:

- (1) Coronal polishing.
- (2) Application of topical fluoride.
- (3) Application of sealants, after providing evidence to the board of having completed a board-approved course in that procedure.

SEC. 47. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.

Approved _____, 2008

Governor

**BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE
September 19, 2008**

BILL ANALYSIS

AUTHOR:	MA	BILL NUMBER:	AB 2649
SPONSOR:	Neuropathy Foundation	BILL STATUS:	Enrolled
SUBJECT:	Medical Assistants: authorized services	DATE LAST AMENDED:	6/16/08

SUMMARY:

Existing law authorizes a medical assistant to perform specified services relating to administration of medication and performance of skin tests and simple routine medical tasks and procedures upon specific authorization from and under the supervision of a licensed physician and surgeon or podiatrist, or a physician and surgeon or podiatrist group or corporation. This bill would amend a section of the Business and Professions Code, relating to healing arts.

ANALYSIS:

This bill would prohibit medical assistances from trimming nails and from debridement of corns, bunions, or callus using a scalpel, paring instrument or any other object, on patients who are diabetic or suffer from any form of circulatory disorder affecting the extremities.

Amended analysis of 6/16/08:

This bill amendment has a substantive change that would not impact the current position of the Board.

BOARD POSITION: Support (5/18/08)

LEGISLATIVE COMMITTEE RECOMMENDED POSITION: Support (9/3/08)

SUPPORT:

Neuropathy Action Foundation (Sponsor)
American Federation of State, County and Municipal
Employees (AFSCME)
California Nurses Association
Consumer Attorneys of California
United Nurses Association of California/Union of Health

OPPOSE:

Department of Consumer Affairs

Assembly Bill No. 2649

Passed the Assembly July 14, 2008

Chief Clerk of the Assembly

Passed the Senate July 3, 2008

Secretary of the Senate

This bill was received by the Governor this _____ day
of _____, 2008, at _____ o'clock ____M.

Private Secretary of the Governor

CHAPTER _____

An act to amend Section 2069 of the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

AB 2649, Ma. Medical assistants: authorized services.

Existing law authorizes a medical assistant to perform specified services relating to administration of medication and performance of skin tests and simple routine medical tasks and procedures upon specific authorization from and under the supervision of a licensed physician and surgeon or podiatrist, or a physician and surgeon or podiatrist group or corporation.

This bill would specify that these provisions do not authorize a medical assistant to trim the nails of, or debride in any manner, using a scalpel, paring instrument, or other object, the corns, bunions, or callus of, any patient who is diabetic or suffers from any form of circulatory disorder affecting the extremities.

The people of the State of California do enact as follows:

SECTION 1. Section 2069 of the Business and Professions Code is amended to read:

2069. (a) (1) Notwithstanding any other provision of law, a medical assistant may administer medication only by intradermal, subcutaneous, or intramuscular injections and perform skin tests and additional technical supportive services upon the specific authorization and supervision of a licensed physician and surgeon or a licensed podiatrist. A medical assistant may also perform all these tasks and services in a clinic licensed pursuant to subdivision (a) of Section 1204 of the Health and Safety Code upon the specific authorization of a physician assistant, a nurse practitioner, or a nurse-midwife.

(2) The supervising physician and surgeon at a clinic described in paragraph (1) may, at his or her discretion, in consultation with the nurse practitioner, nurse-midwife, or physician assistant provide written instructions to be followed by a medical assistant in the performance of tasks or supportive services. These written

instructions may provide that the supervisory function for the medical assistant for these tasks or supportive services may be delegated to the nurse practitioner, nurse-midwife, or physician assistant within the standardized procedures or protocol, and that tasks may be performed when the supervising physician and surgeon is not onsite, so long as the following apply:

(A) The nurse practitioner or nurse-midwife is functioning pursuant to standardized procedures, as defined by Section 2725, or protocol. The standardized procedures or protocol shall be developed and approved by the supervising physician and surgeon, the nurse practitioner or nurse-midwife, and the facility administrator or his or her designee.

(B) The physician assistant is functioning pursuant to regulated services defined in Section 3502 and is approved to do so by the supervising physician and surgeon.

(b) As used in this section and Sections 2070 and 2071, the following definitions shall apply:

(1) “Medical assistant” means a person who may be unlicensed, who performs basic administrative, clerical, and technical supportive services in compliance with this section and Section 2070 for a licensed physician and surgeon or a licensed podiatrist, or group thereof, for a medical or podiatry corporation, for a physician assistant, a nurse practitioner, or a nurse-midwife as provided in subdivision (a), or for a health care service plan, who is at least 18 years of age, and who has had at least the minimum amount of hours of appropriate training pursuant to standards established by the Division of Licensing. The medical assistant shall be issued a certificate by the training institution or instructor indicating satisfactory completion of the required training. A copy of the certificate shall be retained as a record by each employer of the medical assistant.

(2) “Specific authorization” means a specific written order prepared by the supervising physician and surgeon or the supervising podiatrist, or the physician assistant, the nurse practitioner, or the nurse-midwife as provided in subdivision (a), authorizing the procedures to be performed on a patient, which shall be placed in the patient’s medical record, or a standing order prepared by the supervising physician and surgeon or the supervising podiatrist, or the physician assistant, the nurse practitioner, or the nurse-midwife as provided in subdivision (a),

authorizing the procedures to be performed, the duration of which shall be consistent with accepted medical practice. A notation of the standing order shall be placed on the patient's medical record.

(3) "Supervision" means the supervision of procedures authorized by this section by the following practitioners, within the scope of their respective practices, who shall be physically present in the treatment facility during the performance of those procedures:

(A) A licensed physician and surgeon.

(B) A licensed podiatrist.

(C) A physician assistant, nurse practitioner, or nurse-midwife as provided in subdivision (a).

(4) "Technical supportive services" means simple routine medical tasks and procedures that may be safely performed by a medical assistant who has limited training and who functions under the supervision of a licensed physician and surgeon or a licensed podiatrist, or a physician assistant, a nurse practitioner, or a nurse-midwife as provided in subdivision (a).

(c) Nothing in this section shall be construed as authorizing the licensure of medical assistants. Nothing in this section shall be construed as authorizing the administration of local anesthetic agents by a medical assistant. Nothing in this section shall be construed as authorizing the division to adopt any regulations that violate the prohibitions on diagnosis or treatment in Section 2052.

(d) Notwithstanding any other provision of law, a medical assistant may not be employed for inpatient care in a licensed general acute care hospital as defined in subdivision (a) of Section 1250 of the Health and Safety Code.

(e) Nothing in this section shall be construed as authorizing a medical assistant to perform any clinical laboratory test or examination for which he or she is not authorized by Chapter 3 (commencing with Section 1206.5). Nothing in this section shall be construed as authorizing a nurse practitioner, nurse-midwife, or physician assistant to be a laboratory director of a clinical laboratory, as those terms are defined in paragraph (7) of subdivision (a) of Section 1206 and subdivision (a) of Section 1209.

(f) Nothing in this section shall be construed as authorizing a medical assistant to trim the nails of, or debride in any manner, using a scalpel, paring instrument, or other object, the corns,

bunions, or callus of, any patient who is diabetic or suffers from any form of circulatory disorder affecting the extremities.

Approved _____, 2008

Governor

Senate Bill No. 1393

CHAPTER 175

An act to amend Sections 66055.8 and 78261.3 of the Education Code, relating to nursing programs.

[Approved by Governor July 22, 2008. Filed with
Secretary of State July 22, 2008.]

LEGISLATIVE COUNSEL'S DIGEST

SB 1393, Scott. Nursing programs.

(1) Existing law provides that a student of a registered nursing program at a campus of the California State University or California Community Colleges, who holds a baccalaureate degree from a regionally accredited institution, may not be required to complete general education requirements. Instead, the student may only be required to complete coursework that is necessary for licensing as a registered nurse.

This bill would specifically prohibit a campus of the California State University or California Community Colleges from requiring a student of a registered nursing program with a baccalaureate degree from a regionally accredited institution to complete any coursework other than that which is unique and exclusively required to earn a nursing degree from that institution.

(2) Existing law prohibits a community college district from excluding an applicant to a registered nursing program on the sole basis that the applicant is not a resident of that district or has not completed prerequisite courses in that district.

This bill would instead specify that a district is prohibited from either excluding an applicant on the basis that the applicant is not a district resident or has not completed prerequisite courses in that district, or from implementing policies, procedures, and systems, including, but not limited to, priority registration systems, that have the effect of excluding an applicant or student who is not a resident of that district from a registered nursing program of that district.

The people of the State of California do enact as follows:

SECTION 1. Section 66055.8 of the Education Code is amended to read:
66055.8. Notwithstanding any other provision of law, a campus of the California State University or the California Community Colleges that operates a registered nursing program shall not require a student who has been admitted to that registered nursing program and who has already earned a baccalaureate or higher degree from a regionally accredited institution of higher education to undertake any coursework other than the coursework

that is unique and exclusively required to earn a nursing degree from that institution.

SEC. 2. Section 78261.3 of the Education Code is amended to read:

78261.3. Notwithstanding any other provision of law:

(a) Any community college district, irrespective of whether it participates in the program established by this article, may use any diagnostic assessment tool that is commonly used in registered nursing programs and is approved by the chancellor.

(b) If, after using an approved diagnostic assessment tool, a community college registered nursing program determines that the number of applicants to that program exceeds its capacity, the program is authorized to use additional multicriteria screening measures. This subdivision does not prohibit or prevent a community college registered nursing program from using an approved diagnostic assessment tool before or during a multicriteria screening process.

(c) A community college district may not do either of the following:

(1) Exclude an applicant to a registered nursing program on the basis that the applicant is not a resident of that district or has not completed prerequisite courses in that district.

(2) Implement policies, procedures, and systems, including, but not limited to, priority registration systems, that have the effect of excluding an applicant or student who is not a resident of that district from a registered nursing program of that district.

**BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE
September 19, 2008**

BILL ANALYSIS

AUTHOR:	Ridley-Thomas	BILL NUMBER:	SB 1441
SPONSOR:	Ridley-Thomas	BILL STATUS:	Enrolled
SUBJECT:	Healing Arts Practitioners: Alcohol and Drug Abuse	DATE LAST AMENDED:	8/14/08

SUMMARY:

Existing law requires various healing arts licensing boards to establish and administer diversion programs or diversion evaluation committees for the rehabilitation of healing arts practitioners whose competency is impaired due to the abuse of drugs or alcohol. This bill would add an act to the Business and Professions Codes, relating to health care.

ANALYSIS:

This bill would establish, in the Department of Consumer Affairs, the Diversion Coordination Committee. The committee which would be comprised of the executive officers of those healing arts boards that establish and maintain a diversion program or diversion evaluation Committee. The Director of the Department of Consumer Affairs would chair the committee. This committee would meet at the discretion of the Director and establish best practices and recommendations that would govern the boards' diversion programs or diversion evaluation committees. The following issues would be required to be included in the recommendations:

- When a licensee is irrevocably terminated from the diversion program with referral for disciplinary action.
- Periodic audits of the program.
- Whether a licensee, who may pose a risk to patients, should continue to work, without the knowledge or consent of the patient.
- How to ensure that drug tests are random, accurate and reliable.
- Whether there should be criteria for entry into the program, that differentiates between licensees believed to pose a risk to patients and those where the risk is speculative.

This bill would, also, establish in the Department of Consumer Affairs, the Licensee Drug and Alcohol Addiction Coordination Committee. This committee would be comprised of the executive officers of those healing arts boards that have not established and maintained diversion programs or diversion evaluation committees. The Director of Consumer Affairs would also chair this committee. This committee would meet at the discretion of the director and establish best practices and recommendation to govern the boards' programs, relative to disciplinary matters of drug or alcohol addiction. The recommendations would be required to include the following criteria for:

- Placing a licensee on probation.
- Refusing a request for probation.
- Imposition of discipline and the level of discipline.
- Restoration of a license.

Amended analysis of 6/16/08:

This bill amendment would require the program managers, of diversion programs, to be responsible for duties previously assigned to the diversion evaluation committees, such as:

- Designing treatment programs
- Denying participation in the program
- Termination of a licensee from the program
- Determining completion of the program

It would also require the diversion evaluation committees to operate in an advisory role to the program director and make recommendation to the program managers.

Amended analysis of 7/3/08:

This bill amendment would require the program manager to have background experience in dealing with substance abuse issues.

Amended analysis of 8/14/08:

This bill amendment deletes the requirement that program managers would be responsible for duties assigned to the diversion evaluation committees, and deletes having the diversion evaluation committees operate in advisory roles. It stipulates that the program manager has the primary responsibility to review and evaluate recommendations from the diversion evaluation committee.

The following provisions would be added and/or to the Business and Professions Code, relative to the Diversion Program, in the following sections:

Section 2770.1 (Added)

(c) "Program manager" means the staff manager of the diversion program as designated by the executive officer of the board. The program manager shall have background experience in dealing with substance abuse issues.

Section 2770.7 (Added)

(b) A registered nurse under current investigation by the board may request entry into the diversion program by contacting the board. Prior to authorizing a registered nurse to enter into the diversion program, the board may require the registered nurse under current investigation for any violations of this chapter or any other provision of this code to execute a statement of understanding that states that the registered nurse understands that his or her violations that would otherwise be the basis for discipline may still be investigated and may be the subject of disciplinary action.

(c) If the reasons for a current investigation of a registered nurse are based primarily on the self-administration of any controlled substance or dangerous drug or alcohol under Section 2762, or the illegal possession, prescription, or nonviolent procurement of any controlled substance or dangerous drug for self-administration that does not involve actual, direct harm to the public, the board shall close the investigation without further action if the registered nurse is accepted into the board's diversion program and successfully completes the requirements of the program. If the registered nurse withdraws or is terminated from the program by a diversion evaluation committee, and the termination is approved by the program manager, the investigation shall be reopened and disciplinary action imposed, if warranted, as determined by the board.

(d) Neither acceptance nor participation in the diversion program shall preclude the board from investigating or continuing to investigate, or taking disciplinary action or continuing to take disciplinary action against, any registered nurse for any unprofessional conduct committed before, during, or after participation in the diversion program.

(e) All registered nurses shall sign an agreement of understanding that the withdrawal or termination from the diversion program at a time when the program manager or diversion evaluation committee determines

the licentiate presents a threat to the public's health and safety shall result in the utilization by the board of diversion treatment records in disciplinary or criminal proceedings.

(f) Any registered nurse terminated from the diversion program for failure to comply with program requirements is subject to disciplinary action by the board for acts committed before, during, and after participation in the diversion program. A registered nurse who has been under investigation by the board and has been terminated from the diversion program by a diversion evaluation committee shall be reported by the diversion evaluation committee to the board.

Section 2770.8 (Added)

A committee created under this article operates under the direction of the diversion program manager. The program manager has the primary responsibility to review and evaluate recommendations of the committee. Each committee shall have the following duties and responsibilities:

(Amended)

(a) To evaluate those registered nurses who request participation in the program according to the guidelines prescribed by the board, and to make recommendations.

Section 2770.11 (Amended)

- a) Each registered nurse who requests participation in a diversion program shall agree to cooperate with the rehabilitation program designed by the committee and approved by the program manager. Any failure to comply with the provisions of a rehabilitation program may result in termination of the registered nurse's participation in a program. The name and license number of a registered nurse who is terminated for any reason, other than successful completion, shall be reported to the board's enforcement program.

Section 2770.12 (Amended)

(a) After the committee and the program manager in their discretion have determined that a registered nurse has successfully completed the diversion program, all records pertaining to the registered nurse's participation in the diversion program shall be purged.

BOARD POSITION: Support (4/18/08)

LEGISLATIVE COMMITTEE RECOMMENDED POSITION: Support (9/3/08)

SUPPORT:

Center for Public Interest
Board of Registered Nursing
Board of Chiropractic Examiners
California Dental Association
Center for Public Interest Law

OPPOSE:

None

Senate Bill No. 1441

Passed the Senate August 20, 2008

Secretary of the Senate

Passed the Assembly August 18, 2008

Chief Clerk of the Assembly

This bill was received by the Governor this _____ day
of _____, 2008, at _____ o'clock ____M.

Private Secretary of the Governor

CHAPTER _____

An act to amend Sections 1695.1, 1695.5, 1695.6, 1697, 1698, 2361, 2365, 2366, 2367, 2369, 2663, 2665, 2666, 2770.1, 2770.7, 2770.8, 2770.11, 2770.12, 3501, 3534.1, 3534.3, 3534.4, 3534.9, and 4371 of, and to add Article 3.6 (commencing with Section 315) to Chapter 4 of Division 1 of, the Business and Professions Code, relating to health care.

LEGISLATIVE COUNSEL'S DIGEST

SB 1441, Ridley-Thomas. Healing arts practitioners: substance abuse.

Existing law requires various healing arts licensing boards, including the Dental Board of California, the Board of Registered Nursing, the Physical Therapy Board of California, the Physician Assistant Committee, the Osteopathic Medical Board of California, and the California State Board of Pharmacy to establish and administer diversion or recovery programs or diversion evaluation committees for the rehabilitation of healing arts practitioners whose competency is impaired due to the abuse of drugs or alcohol, and gives the diversion evaluation committees certain duties related to termination of a licensee from the diversion program and reporting termination, designing treatment programs, denying participation in the program, reviewing activities and performance of contractors, determining completion of the program, and purging and destroying records, as specified. Existing law requires the California State Board of Pharmacy to contract with one or more qualified contractors to administer the pharmacists recovery program and requires the board to review the pharmacists recovery program on a quarterly basis, as specified.

This bill would establish in the Department of Consumer Affairs the Substance Abuse Coordination Committee, which would be comprised of the executive officers of the department's healing arts licensing boards, as specified, and a designee of the State Department of Alcohol Drug Programs. The bill would require the committee to formulate, by January 1, 2010, uniform and specific standards in specified areas that each healing arts board would be required to use in dealing with substance-abusing licensees. The

bill would specify that the program managers of the diversion programs for the Dental Board of California, the Board of Registered Nursing, the Physical Therapy Board of California, the Physician Assistant Committee, and the Osteopathic Medical Board of California, as designated by the executive officers of those entities, are responsible for certain duties, including, as specified, duties related to termination of a licensee from the diversion program, the review and evaluation of recommendations of the committee, approving the designs of treatment programs, denying participation in the program, reviewing activities and performance of contractors, and determining completion of the program. The bill would also provide that diversion evaluation committees created by any of the specified boards or committees operate under the direction of the program manager of the diversion program, and would require those diversion evaluation committees to make certain recommendations. The bill would require the executive officer of the California State Board of Pharmacy to designate a program manager of the pharmacists recovery program, and would require the program manager to review the pharmacists recovery program quarterly and to work with the contractors, as specified. The bill would set forth provisions regarding entry of a registered nurse into the diversion program and the investigation and discipline of registered nurses who are in, or have been in, the diversion program, and would require registered nurses in the diversion program to sign an agreement of understanding regarding withdrawal or termination from the program, as specified.

The bill would specify that the diversion program responsibilities imposed on licensing boards under these provisions shall be considered current operating expenses of those boards.

The people of the State of California do enact as follows:

SECTION 1. The Legislature hereby finds and declares all of the following:

(a) Substance abuse is an increasing problem in the health care professions, where the impairment of a health care practitioner for even one moment can mean irreparable harm to a patient.

(b) Several health care licensing boards have “diversion programs” designed to identify substance-abusing licensees, direct

them to treatment and monitoring, and return them to practice in a manner that will not endanger the public health and safety.

(c) Substance abuse monitoring programs, particularly for health care professionals, must operate with the highest level of integrity and consistency. Patient protection is paramount.

(d) The diversion program of the Medical Board of California, created in 1981, has been subject to five external performance audits in its 27-year history and has failed all five audits, which uniformly concluded that the program has inadequately monitored substance-abusing physicians and has failed to promptly terminate from the program, and appropriately refer for discipline, physicians who do not comply with the terms and conditions of the program, thus placing patients at risk of harm.

(e) The medical board's diversion program has failed to protect patients from substance-abusing physicians, and the medical board has properly decided to cease administering the program effective June 30, 2008.

(f) The administration of diversion programs created at other health care boards has been contracted to a series of private vendors, and none of those vendors has ever been subject to a performance audit, such that it is not possible to determine whether those programs are effective in monitoring substance-abusing licensees and assisting them to recover from their addiction in the long term.

(g) Various health care licensing boards have inconsistent or nonexistent standards that guide the way they deal with substance-abusing licensees.

(h) Patients would be better protected from substance-abusing licensees if their regulatory boards agreed to and enforced consistent and uniform standards and best practices in dealing with substance-abusing licensees.

SEC. 2. It is the intent of the Legislature that:

(a) Pursuant to Section 156.1 of the Business and Professions Code and Section 8546.7 of the Government Code, that the Department of Consumer Affairs conduct a thorough audit of the effectiveness, efficiency, and overall performance of the vendor chosen by the department to manage diversion programs for substance-abusing licensees of health care licensing boards created in the Business and Professions Code, and make recommendations regarding the continuation of the programs and any changes or

reforms required to ensure that individuals participating in the programs are appropriately monitored, and the public is protected from health care practitioners who are impaired due to alcohol or drug abuse or mental or physical illness.

(b) The audit shall identify, by type of board licensee, the percentage of self-referred participants, board-referred participants, and board-ordered participants. The audit shall describe in detail the diversion services provided by the vendor, including all aspects of bodily fluids testing, including, but not limited to, frequency of testing, randomicity, method of notice to participants, number of hours between the provision of notice and the test, standards for specimen collectors, procedures used by specimen collectors, such as whether the collection process is observed by the collector, location of testing, and average timeframe from the date of the test to the date the result of the test becomes available; group meeting attendance requirements, including, but not limited to, required qualifications for group meeting facilitators, frequency of required meeting attendance, and methods of documenting and reporting attendance or nonattendance by program participants; standards used in determining whether inpatient or outpatient treatment is necessary; and, if applicable, worksite monitoring requirements and standards. The audit shall review the timeliness of diversion services provided by the vendor; the thoroughness of documentation of treatment, aftercare, and monitoring services received by participants; and the thoroughness of documentation of the effectiveness of the treatment and aftercare services received by participants. In determining the effectiveness and efficiency of the vendor, the audit shall evaluate the vendor's approval process for providers or contractors that provide diversion services, including specimen collectors, group meeting facilitators, and worksite monitors; the vendor's disapproval of providers or contractors that fail to provide effective or timely diversion services; and the vendor's promptness in notifying the boards when a participant fails to comply with the terms of his or her diversion contract or the rules of the board's program. The audit shall also recommend whether the vendor should be more closely monitored by the department, including whether the vendor should provide the department with periodic reports demonstrating the timeliness and thoroughness of documentation of noncompliance with diversion program contracts and regarding its approval and

disapproval of providers and contractors that provide diversion services.

(c) The vendor and its staff shall cooperate with the department and shall provide data, information, and case files as requested by the department to perform all of his or her duties. The provision of confidential data, information, and case files from health care-related boards and the vendor to the department shall not constitute a waiver of any exemption from disclosure or discovery or of any confidentiality protection or privilege otherwise provided by law that is applicable to the data, information, or case files. It is the Legislature's intent that the audit be completed by June 30, 2010, and on subsequent years thereafter as determined by the department.

SEC. 3. Article 3.6 (commencing with Section 315) is added to Chapter 4 of Division 1 of the Business and Professions Code, to read:

Article 3.6. Uniform Standards Regarding Substance-Abusing
Healing Arts Licensees

315. (a) For the purpose of determining uniform standards that will be used by healing arts boards in dealing with substance-abusing licensees, there is established in the Department of Consumer Affairs the Substance Abuse Coordination Committee. The committee shall be comprised of the executive officers of the department's healing arts boards established pursuant to Division 2 (commencing with Section 500), the State Board of Chiropractic Examiners, the Osteopathic Medical Board of California, and a designee of the State Department of Alcohol and Drug Programs. The Director of Consumer Affairs shall chair the committee and may invite individuals or stakeholders who have particular expertise in the area of substance abuse to advise the committee.

(b) The committee shall be subject to the Bagley-Keene Open Meeting Act (Article 9 (commencing with Section 11120) of Division 3 of Title 2 of the Government Code).

(c) By January 1, 2010, the committee shall formulate uniform and specific standards in each of the following areas that each healing arts board shall use in dealing with substance-abusing

licensees, whether or not a board chooses to have a formal diversion program:

(1) Specific requirements for a clinical diagnostic evaluation of the licensee, including, but not limited to, required qualifications for the providers evaluating the licensee.

(2) Specific requirements for the temporary removal of the licensee from practice, in order to enable the licensee to undergo the clinical diagnostic evaluation described in subdivision (a) and any treatment recommended by the evaluator described in subdivision (a) and approved by the board, and specific criteria that the licensee must meet before being permitted to return to practice on a full-time or part-time basis.

(3) Specific requirements that govern the ability of the licensing board to communicate with the licensee's employer about the licensee's status and condition.

(4) Standards governing all aspects of required testing, including, but not limited to, frequency of testing, randomicity, method of notice to the licensee, number of hours between the provision of notice and the test, standards for specimen collectors, procedures used by specimen collectors, the permissible locations of testing, whether the collection process must be observed by the collector, backup testing requirements when the licensee is on vacation or otherwise unavailable for local testing, requirements for the laboratory that analyzes the specimens, and the required maximum timeframe from the test to the receipt of the result of the test.

(5) Standards governing all aspects of group meeting attendance requirements, including, but not limited to, required qualifications for group meeting facilitators, frequency of required meeting attendance, and methods of documenting and reporting attendance or nonattendance by licensees.

(6) Standards used in determining whether inpatient, outpatient, or other type of treatment is necessary.

(7) Worksite monitoring requirements and standards, including, but not limited to, required qualifications of worksite monitors, required methods of monitoring by worksite monitors, and required reporting by worksite monitors.

(8) Procedures to be followed when a licensee tests positive for a banned substance.

(9) Procedures to be followed when a licensee is confirmed to have ingested a banned substance.

(10) Specific consequences for major violations and minor violations. In particular, the committee shall consider the use of a “deferred prosecution” stipulation similar to the stipulation described in Section 1000 of the Penal Code, in which the licensee admits to self-abuse of drugs or alcohol and surrenders his or her license. That agreement is deferred by the agency unless or until the licensee commits a major violation, in which case it is revived and the license is surrendered.

(11) Criteria that a licensee must meet in order to petition for return to practice on a full-time basis.

(12) Criteria that a licensee must meet in order to petition for reinstatement of a full and unrestricted license.

(13) If a board uses a private-sector vendor that provides diversion services, standards for immediate reporting by the vendor to the board of any and all noncompliance with any term of the diversion contract or probation; standards for the vendor’s approval process for providers or contractors that provide diversion services, including, but not limited to, specimen collectors, group meeting facilitators, and worksite monitors; standards requiring the vendor to disapprove and discontinue the use of providers or contractors that fail to provide effective or timely diversion services; and standards for a licensee’s termination from the program and referral to enforcement.

(14) If a board uses a private-sector vendor that provides diversion services, the extent to which licensee participation in that program shall be kept confidential from the public.

(15) If a board uses a private-sector vendor that provides diversion services, a schedule for external independent audits of the vendor’s performance in adhering to the standards adopted by the committee.

(16) Measurable criteria and standards to determine whether each board’s method of dealing with substance-abusing licensees protects patients from harm and is effective in assisting its licensees in recovering from substance abuse in the long term.

SEC. 4. Section 1695.1 of the Business and Professions Code is amended to read:

1695.1. As used in this article:

(a) “Board” means the Board of Dental Examiners of California.

(b) “Committee” means a diversion evaluation committee created by this article.

(c) “Program manager” means the staff manager of the diversion program, as designated by the executive officer of the board. The program manager shall have background experience in dealing with substance abuse issues.

SEC. 5. Section 1695.5 of the Business and Professions Code is amended to read:

1695.5. (a) The board shall establish criteria for the acceptance, denial, or termination of licentiates in a diversion program. Unless ordered by the board as a condition of licentiate disciplinary probation, only those licentiates who have voluntarily requested diversion treatment and supervision by a committee shall participate in a diversion program.

(b) A licentiate who is not the subject of a current investigation may self-refer to the diversion program on a confidential basis, except as provided in subdivision (f).

(c) A licentiate under current investigation by the board may also request entry into the diversion program by contacting the board’s Diversion Program Manager. The Diversion Program Manager may refer the licentiate requesting participation in the program to a diversion evaluation committee for evaluation of eligibility. Prior to authorizing a licentiate to enter into the diversion program, the Diversion Program Manager may require the licentiate, while under current investigation for any violations of the Dental Practice Act or other violations, to execute a statement of understanding that states that the licentiate understands that his or her violations of the Dental Practice Act or other statutes that would otherwise be the basis for discipline, may still be investigated and the subject of disciplinary action.

(d) If the reasons for a current investigation of a licentiate are based primarily on the self-administration of any controlled substance or dangerous drugs or alcohol under Section 1681 of the Business and Professions Code, or the illegal possession, prescription, or nonviolent procurement of any controlled substance or dangerous drugs for self-administration that does not involve actual, direct harm to the public, the board shall close the investigation without further action if the licentiate is accepted into the board’s diversion program and successfully completes the requirements of the program. If the licentiate withdraws or is terminated from the program by a diversion evaluation committee, and the termination is approved by the program manager, the

investigation shall be reopened and disciplinary action imposed, if warranted, as determined by the board.

(e) Neither acceptance nor participation in the diversion program shall preclude the board from investigating or continuing to investigate, or taking disciplinary action or continuing to take disciplinary action against, any licensee for any unprofessional conduct committed before, during, or after participation in the diversion program.

(f) All licensees shall sign an agreement of understanding that the withdrawal or termination from the diversion program at a time when a diversion evaluation committee determines the licensee presents a threat to the public's health and safety shall result in the utilization by the board of diversion treatment records in disciplinary or criminal proceedings.

(g) Any licensee terminated from the diversion program for failure to comply with program requirements is subject to disciplinary action by the board for acts committed before, during, and after participation in the diversion program. A licensee who has been under investigation by the board and has been terminated from the diversion program by a diversion evaluation committee shall be reported by the diversion evaluation committee to the board.

SEC. 6. Section 1695.6 of the Business and Professions Code is amended to read:

1695.6. A committee created under this article operates under the direction of the program manager. The program manager has the primary responsibility to review and evaluate recommendations of the committee. Each committee shall have the following duties and responsibilities:

(a) To evaluate those licensees who request to participate in the diversion program according to the guidelines prescribed by the board and to make recommendations. In making the recommendations, a committee shall consider the recommendations of any licensees designated by the board to serve as consultants on the admission of the licensee to the diversion program.

(b) To review and designate those treatment facilities to which licensees in a diversion program may be referred.

(c) To receive and review information concerning a licensee participating in the program.

(d) To consider in the case of each licentiate participating in a program whether he or she may with safety continue or resume the practice of dentistry.

(e) To perform such other related duties, under the direction of the board or program manager, as the board may by regulation require.

SEC. 7. Section 1697 of the Business and Professions Code is amended to read:

1697. Each licentiate who requests participation in a diversion program shall agree to cooperate with the treatment program designed by the committee and approved by the program manager and to bear all costs related to the program, unless the cost is waived by the board. Any failure to comply with the provisions of a treatment program may result in termination of the licentiate's participation in a program.

SEC. 8. Section 1698 of the Business and Professions Code is amended to read:

1698. (a) After the committee and the program manager in their discretion have determined that a licentiate has been rehabilitated and the diversion program is completed, the committee shall purge and destroy all records pertaining to the licentiate's participation in a diversion program.

(b) Except as authorized by subdivision (f) of Section 1695.5, all board and committee records and records of proceedings pertaining to the treatment of a licentiate in a program shall be kept confidential and are not subject to discovery or subpoena.

SEC. 9. Section 2361 of the Business and Professions Code is amended to read:

2361. As used in this article:

(a) "Board" means the Osteopathic Medical Board of California.

(b) "Diversion program" means a treatment program created by this article for osteopathic physicians and surgeons whose competency may be threatened or diminished due to abuse of drugs or alcohol.

(c) "Committee" means a diversion evaluation committee created by this article.

(d) "Participant" means a California licensed osteopathic physician and surgeon.

(e) "Program manager" means the staff manager of the diversion program, as designated by the executive officer of the board. The

program manager shall have background experience in dealing with substance abuse issues.

SEC. 10. Section 2365 of the Business and Professions Code is amended to read:

2365. (a) The board shall establish criteria for the acceptance, denial, or termination of participants in the diversion program. Unless ordered by the board as a condition of disciplinary probation, only those participants who have voluntarily requested diversion treatment and supervision by a committee shall participate in the diversion program.

(b) A participant who is not the subject of a current investigation may self-refer to the diversion program on a confidential basis, except as provided in subdivision (f).

(c) A participant under current investigation by the board may also request entry into the diversion program by contacting the board's Diversion Program Manager. The Diversion Program Manager may refer the participant requesting participation in the program to a diversion evaluation committee for evaluation of eligibility. Prior to authorizing a licensee to enter into the diversion program, the Diversion Program Manager may require the licensee, while under current investigation for any violations of the Medical Practice Act or other violations, to execute a statement of understanding that states that the licensee understands that his or her violations of the Medical Practice Act or other statutes that would otherwise be the basis for discipline may still be investigated and the subject of disciplinary action.

(d) If the reasons for a current investigation of a participant are based primarily on the self-administration of any controlled substance or dangerous drugs or alcohol under Section 2239, or the illegal possession, prescription, or nonviolent procurement of any controlled substance or dangerous drugs for self-administration that does not involve actual, direct harm to the public, the board may close the investigation without further action if the licensee is accepted into the board's diversion program and successfully completes the requirements of the program. If the participant withdraws or is terminated from the program by a diversion evaluation committee, and the termination is approved by the program manager, the investigation may be reopened and disciplinary action imposed, if warranted, as determined by the board.

(e) Neither acceptance nor participation in the diversion program shall preclude the board from investigating or continuing to investigate, or taking disciplinary action or continuing to take disciplinary action against, any participant for any unprofessional conduct committed before, during, or after participation in the diversion program.

(f) All participants shall sign an agreement of understanding that the withdrawal or termination from the diversion program at a time when a diversion evaluation committee determines the licensee presents a threat to the public's health and safety shall result in the utilization by the board of diversion treatment records in disciplinary or criminal proceedings.

(g) Any participant terminated from the diversion program for failure to comply with program requirements is subject to disciplinary action by the board for acts committed before, during, and after participation in the diversion program. A participant who has been under investigation by the board and has been terminated from the diversion program by a diversion evaluation committee shall be reported by the diversion evaluation committee to the board.

SEC. 11. Section 2366 of the Business and Professions Code is amended to read:

2366. A committee created under this article operates under the direction of the diversion program manager. The program manager has the primary responsibility to review and evaluate recommendations of the committee. Each committee shall have the following duties and responsibilities:

(a) To evaluate those licensees who request participation in the program according to the guidelines prescribed by the board, and to make recommendations.

(b) To review and designate those treatment facilities and services to which a participant in the program may be referred.

(c) To receive and review information concerning participants in the program.

(d) To consider whether each participant in the treatment program may safely continue or resume the practice of medicine.

(e) To prepare quarterly reports to be submitted to the board, which include, but are not limited to, information concerning the number of cases accepted, denied, or terminated with compliance or noncompliance and a cost analysis of the program.

(f) To promote the program to the public and within the profession, including providing all current licentiates with written information concerning the program.

(g) To perform such other related duties, under the direction of the board or the program manager, as the board may by regulation require.

SEC. 12. Section 2367 of the Business and Professions Code is amended to read:

2367. (a) Each licensee who requests participation in a treatment program shall agree to cooperate with the treatment program designed by the committee and approved by the program manager. The committee shall inform each participant in the program of the procedures followed, the rights and responsibilities of the participant, and the possible results of noncompliance with the program. Any failure to comply with the treatment program may result in termination of participation.

(b) Participation in a program under this article shall not be a defense to any disciplinary action which may be taken by the board. Further, no provision of this article shall preclude the board from commencing disciplinary action against a licensee who is terminated from a program established pursuant to this article.

SEC. 13. Section 2369 of the Business and Professions Code is amended to read:

2369. (a) After the committee and the program manager, in their discretion, have determined that a participant has been rehabilitated and the program is completed, the committee shall purge and destroy all records pertaining to the participation in a treatment program.

(b) Except as authorized by subdivision (f) of Section 2365, all board and committee records and records of proceedings pertaining to the treatment of a participant in a program shall be confidential and are not subject to discovery or subpoena except in the case of discovery or subpoena in any criminal proceeding.

SEC. 14. Section 2663 of the Business and Professions Code is amended to read:

2663. The board shall establish and administer a diversion program for the rehabilitation of physical therapists and physical therapist assistants whose competency is impaired due to the abuse of drugs or alcohol. The board may contract with any other state agency or a private organization to perform its duties under this

article. The board may establish one or more diversion evaluation committees to assist it in carrying out its duties under this article. Any diversion evaluation committee established by the board shall operate under the direction of the diversion program manager, as designated by the executive officer of the board. The program manager has the primary responsibility to review and evaluate recommendations of the committee.

SEC. 15. Section 2665 of the Business and Professions Code is amended to read:

2665. Each diversion evaluation committee has the following duties and responsibilities:

(a) To evaluate physical therapists and physical therapist assistants who request participation in the program and to make recommendations. In making recommendations, the committee shall consider any recommendations from professional consultants on the admission of applicants to the diversion program.

(b) To review and designation of treatment facilities to which physical therapists and physical therapist assistants in the diversion program may be referred.

(c) To receive and review information concerning physical therapists and physical therapist assistants participating in the program.

(d) Calling meetings as necessary to consider the requests of physical therapists and physical therapist assistants to participate in the diversion program, to consider reports regarding participants in the program, and to consider any other matters referred to it by the board.

(e) To consider whether each participant in the diversion program may with safety continue or resume the practice of physical therapy.

(f) To set forth in writing the terms and conditions of the diversion agreement that is approved by the program manager for each physical therapist and physical therapist assistant participating in the program, including treatment, supervision, and monitoring requirements.

(g) Holding a general meeting at least twice a year, which shall be open and public, to evaluate the diversion program's progress, to prepare reports to be submitted to the board, and to suggest proposals for changes in the diversion program.

(h) For the purposes of Division 3.6 (commencing with Section 810) of Title 1 of the Government Code, any member of a diversion evaluation committee shall be considered a public employee. No board or diversion evaluation committee member, contractor, or agent thereof, shall be liable for any civil damage because of acts or omissions which may occur while acting in good faith in a program established pursuant to this article.

SEC. 16. Section 2666 of the Business and Professions Code is amended to read:

2666. (a) Criteria for acceptance into the diversion program shall include all of the following:

(1) The applicant shall be licensed as a physical therapist or approved as a physical therapist assistant by the board and shall be a resident of California.

(2) The applicant shall be found to abuse dangerous drugs or alcoholic beverages in a manner which may affect his or her ability to practice physical therapy safely or competently.

(3) The applicant shall have voluntarily requested admission to the program or shall be accepted into the program in accordance with terms and conditions resulting from a disciplinary action.

(4) The applicant shall agree to undertake any medical or psychiatric examination ordered to evaluate the applicant for participation in the program.

(5) The applicant shall cooperate with the program by providing medical information, disclosure authorizations, and releases of liability as may be necessary for participation in the program.

(6) The applicant shall agree in writing to cooperate with all elements of the treatment program designed for him or her.

Any applicant may be denied participation in the program if the board, the program manager, or a diversion evaluation committee determines that the applicant will not substantially benefit from participation in the program or that the applicant's participation in the program creates too great a risk to the public health, safety, or welfare.

(b) A participant may be terminated from the program for any of the following reasons:

(1) The participant has successfully completed the treatment program.

(2) The participant has failed to comply with the treatment program designated for him or her.

(3) The participant fails to meet any of the criteria set forth in subdivision (a) or (c).

(4) It is determined that the participant has not substantially benefited from participation in the program or that his or her continued participation in the program creates too great a risk to the public health, safety, or welfare. Whenever an applicant is denied participation in the program or a participant is terminated from the program for any reason other than the successful completion of the program, and it is determined that the continued practice of physical therapy by that individual creates too great a risk to the public health, safety, and welfare, that fact shall be reported to the executive officer of the board and all documents and information pertaining to and supporting that conclusion shall be provided to the executive officer. The matter may be referred for investigation and disciplinary action by the board. Each physical therapist or physical therapy assistant who requests participation in a diversion program shall agree to cooperate with the recovery program designed for him or her. Any failure to comply with that program may result in termination of participation in the program.

The diversion evaluation committee shall inform each participant in the program of the procedures followed in the program, of the rights and responsibilities of a physical therapist or physical therapist assistant in the program, and the possible results of noncompliance with the program.

(c) In addition to the criteria and causes set forth in subdivision (a), the board may set forth in its regulations additional criteria for admission to the program or causes for termination from the program.

SEC. 17. Section 2770.1 of the Business and Professions Code is amended to read:

2770.1. As used in this article:

(a) “Board” means the Board of Registered Nursing.

(b) “Committee” means a diversion evaluation committee created by this article.

(c) “Program manager” means the staff manager of the diversion program, as designated by the executive officer of the board. The program manager shall have background experience in dealing with substance abuse issues.

SEC. 18. Section 2770.7 of the Business and Professions Code is amended to read:

2770.7. (a) The board shall establish criteria for the acceptance, denial, or termination of registered nurses in the diversion program. Only those registered nurses who have voluntarily requested to participate in the diversion program shall participate in the program.

(b) A registered nurse under current investigation by the board may request entry into the diversion program by contacting the board. Prior to authorizing a registered nurse to enter into the diversion program, the board may require the registered nurse under current investigation for any violations of this chapter or any other provision of this code to execute a statement of understanding that states that the registered nurse understands that his or her violations that would otherwise be the basis for discipline may still be investigated and may be the subject of disciplinary action.

(c) If the reasons for a current investigation of a registered nurse are based primarily on the self-administration of any controlled substance or dangerous drug or alcohol under Section 2762, or the illegal possession, prescription, or nonviolent procurement of any controlled substance or dangerous drug for self-administration that does not involve actual, direct harm to the public, the board shall close the investigation without further action if the registered nurse is accepted into the board's diversion program and successfully completes the requirements of the program. If the registered nurse withdraws or is terminated from the program by a diversion evaluation committee, and the termination is approved by the program manager, the investigation shall be reopened and disciplinary action imposed, if warranted, as determined by the board.

(d) Neither acceptance nor participation in the diversion program shall preclude the board from investigating or continuing to investigate, or taking disciplinary action or continuing to take disciplinary action against, any registered nurse for any unprofessional conduct committed before, during, or after participation in the diversion program.

(e) All registered nurses shall sign an agreement of understanding that the withdrawal or termination from the diversion program at a time when the program manager or diversion evaluation committee determines the licensee presents a threat to the public's health and safety shall result in the utilization by

the board of diversion treatment records in disciplinary or criminal proceedings.

(f) Any registered nurse terminated from the diversion program for failure to comply with program requirements is subject to disciplinary action by the board for acts committed before, during, and after participation in the diversion program. A registered nurse who has been under investigation by the board and has been terminated from the diversion program by a diversion evaluation committee shall be reported by the diversion evaluation committee to the board.

SEC. 19. Section 2770.8 of the Business and Professions Code is amended to read:

2770.8. A committee created under this article operates under the direction of the diversion program manager. The program manager has the primary responsibility to review and evaluate recommendations of the committee. Each committee shall have the following duties and responsibilities:

(a) To evaluate those registered nurses who request participation in the program according to the guidelines prescribed by the board, and to make recommendations.

(b) To review and designate those treatment services to which registered nurses in a diversion program may be referred.

(c) To receive and review information concerning a registered nurse participating in the program.

(d) To consider in the case of each registered nurse participating in a program whether he or she may with safety continue or resume the practice of nursing.

(e) To call meetings as necessary to consider the requests of registered nurses to participate in a diversion program, and to consider reports regarding registered nurses participating in a program.

(f) To make recommendations to the program manager regarding the terms and conditions of the diversion agreement for each registered nurse participating in the program, including treatment, supervision, and monitoring requirements.

SEC. 20. Section 2770.11 of the Business and Professions Code is amended to read:

2770.11. (a) Each registered nurse who requests participation in a diversion program shall agree to cooperate with the rehabilitation program designed by the committee and approved

by the program manager. Any failure to comply with the provisions of a rehabilitation program may result in termination of the registered nurse's participation in a program. The name and license number of a registered nurse who is terminated for any reason, other than successful completion, shall be reported to the board's enforcement program.

(b) If the program manager determines that a registered nurse, who is denied admission into the program or terminated from the program, presents a threat to the public or his or her own health and safety, the program manager shall report the name and license number, along with a copy of all diversion records for that registered nurse, to the board's enforcement program. The board may use any of the records it receives under this subdivision in any disciplinary proceeding.

SEC. 21. Section 2770.12 of the Business and Professions Code is amended to read:

2770.12. (a) After the committee and the program manager in their discretion have determined that a registered nurse has successfully completed the diversion program, all records pertaining to the registered nurse's participation in the diversion program shall be purged.

(b) All board and committee records and records of a proceeding pertaining to the participation of a registered nurse in the diversion program shall be kept confidential and are not subject to discovery or subpoena, except as specified in subdivision (b) of Section 2770.11 and subdivision (c).

(c) A registered nurse shall be deemed to have waived any rights granted by any laws and regulations relating to confidentiality of the diversion program, if he or she does any of the following:

(1) Presents information relating to any aspect of the diversion program during any stage of the disciplinary process subsequent to the filing of an accusation, statement of issues, or petition to compel an examination pursuant to Article 12.5 (commencing with Section 820) of Chapter 1. The waiver shall be limited to information necessary to verify or refute any information disclosed by the registered nurse.

(2) Files a lawsuit against the board relating to any aspect of the diversion program.

(3) Claims in defense to a disciplinary action, based on a complaint that led to the registered nurse's participation in the

diversion program, that he or she was prejudiced by the length of time that passed between the alleged violation and the filing of the accusation. The waiver shall be limited to information necessary to document the length of time the registered nurse participated in the diversion program.

SEC. 22. Section 3501 of the Business and Professions Code is amended to read:

3501. As used in this chapter:

(a) “Board” means the Medical Board of California.

(b) “Approved program” means a program for the education of physician assistants that has been formally approved by the committee.

(c) “Trainee” means a person who is currently enrolled in an approved program.

(d) “Physician assistant” means a person who meets the requirements of this chapter and is licensed by the committee.

(e) “Supervising physician” means a physician and surgeon licensed by the board or by the Osteopathic Medical Board of California who supervises one or more physician assistants, who possesses a current valid license to practice medicine, and who is not currently on disciplinary probation for improper use of a physician assistant.

(f) “Supervision” means that a licensed physician and surgeon oversees the activities of, and accepts responsibility for, the medical services rendered by a physician assistant.

(g) “Committee” or “examining committee” means the Physician Assistant Committee.

(h) “Regulations” means the rules and regulations as contained in Chapter 13.8 (commencing with Section 1399.500) of Title 16 of the California Code of Regulations.

(i) “Routine visual screening” means noninvasive nonpharmacological simple testing for visual acuity, visual field defects, color blindness, and depth perception.

(j) “Program manager” means the staff manager of the diversion program, as designated by the executive officer of the board. The program manager shall have background experience in dealing with substance abuse issues.

SEC. 23. Section 3534.1 of the Business and Professions Code is amended to read:

3534.1. The examining committee shall establish and administer a diversion program for the rehabilitation of physician assistants whose competency is impaired due to the abuse of drugs or alcohol. The examining committee may contract with any other state agency or a private organization to perform its duties under this article. The examining committee may establish one or more diversion evaluation committees to assist it in carrying out its duties under this article. As used in this article, “committee” means a diversion evaluation committee. A committee created under this article operates under the direction of the diversion program manager, as designated by the executive officer of the examining committee. The program manager has the primary responsibility to review and evaluate recommendations of the committee.

SEC. 23. Section 3534.3 of the Business and Professions Code is amended to read:

3534.3. Each committee has the following duties and responsibilities:

(a) To evaluate physician assistants who request participation in the program and to make recommendations to the program manager. In making recommendations, a committee shall consider any recommendations from professional consultants on the admission of applicants to the diversion program.

(b) To review and designate treatment facilities to which physician assistants in the diversion program may be referred, and to make recommendations to the program manager.

(c) The receipt and review of information concerning physician assistants participating in the program.

(d) To call meetings as necessary to consider the requests of physician assistants to participate in the diversion program, to consider reports regarding participants in the program, and to consider any other matters referred to it by the examining committee.

(e) To consider whether each participant in the diversion program may with safety continue or resume the practice of medicine.

(f) To set forth in writing the terms and conditions of the diversion agreement that is approved by the program manager for each physician assistant participating in the program, including treatment, supervision, and monitoring requirements.

(g) To hold a general meeting at least twice a year, which shall be open and public, to evaluate the diversion program's progress, to prepare reports to be submitted to the examining committee, and to suggest proposals for changes in the diversion program.

(h) For the purposes of Division 3.6 (commencing with Section 810) of Title 1 of the Government Code, any member of a committee shall be considered a public employee. No examining committee or committee member, contractor, or agent thereof, shall be liable for any civil damage because of acts or omissions which may occur while acting in good faith in a program established pursuant to this article.

SEC. 24. Section 3534.4 of the Business and Professions Code is amended to read:

3534.4. Criteria for acceptance into the diversion program shall include all of the following: (a) the applicant shall be licensed as a physician assistant by the examining committee and shall be a resident of California; (b) the applicant shall be found to abuse dangerous drugs or alcoholic beverages in a manner which may affect his or her ability to practice medicine safely or competently; (c) the applicant shall have voluntarily requested admission to the program or shall be accepted into the program in accordance with terms and conditions resulting from a disciplinary action; (d) the applicant shall agree to undertake any medical or psychiatric examination ordered to evaluate the applicant for participation in the program; (e) the applicant shall cooperate with the program by providing medical information, disclosure authorizations, and releases of liability as may be necessary for participation in the program; and (f) the applicant shall agree in writing to cooperate with all elements of the treatment program designed for him or her.

An applicant may be denied participation in the program if the examining committee, the program manager, or a committee determines that the applicant will not substantially benefit from participation in the program or that the applicant's participation in the program creates too great a risk to the public health, safety, or welfare.

SEC. 25. Section 3534.9 of the Business and Professions Code is amended to read:

3534.9. If the examining committee contracts with any other entity to carry out this section, the executive officer of the

examining committee or the program manager shall review the activities and performance of the contractor on a biennial basis. As part of this review, the examining committee shall review files of participants in the program. However, the names of participants who entered the program voluntarily shall remain confidential, except when the review reveals misdiagnosis, case mismanagement, or noncompliance by the participant.

SEC. 26. Section 4371 of the Business and Professions Code is amended to read:

4371. (a) The executive officer of the board shall designate a program manager of the pharmacists recovery program. The program manager shall have background experience in dealing with substance abuse issues.

(b) The program manager shall review the pharmacists recovery program on a quarterly basis. As part of this evaluation, the program manager shall review files of all participants in the pharmacists recovery program.

(c) The program manager shall work with the contractor administering the pharmacists recovery program to evaluate participants in the program according to established guidelines and to develop treatment contracts and evaluate participant progress in the program.

SEC. 27. The responsibilities imposed on a licensing board by this act shall be considered a current operating expense of that board, and shall be paid from the fund generally designated to provide operating expenses for that board, subject to the appropriation provisions applicable to that fund.

Approved _____, 2008

Governor

baccalaureate or graduate degree at the time of application to the program would be required to agree to teach nursing on a full-time or part-time basis commencing, not more than, 12 months of receiving a loan assumption award.

Amended analysis of 5/28/08:

This bill amendment would delete the provision that would have required a physician to do a “good faith” examination when delegating to a registered nurse, the performance or administration of any elective cosmetic medical procedure or treatment. The registered nurse would be able to continue to perform “good faith” examinations when delegated by the physician.

BOARD POSITION: Support (6/13/08)

LEGISLATIVE COMMITTEE RECOMMENDED POSITION: Watch (5/20/08)

SUPPORT:

Aging Services of California
California Community Colleges, Board of Governors
California Federation of Teachers
California Hospital Association
California Postsecondary Education Commission
Board of Registered Nursing

OPPOSE:

None

Senate Bill No. 1621

CHAPTER 183

An act to amend Sections 70101, 70102, 70103, 70104, 70105, and 70106 of the Education Code, relating to nursing education.

[Approved by Governor July 22, 2008. Filed with
Secretary of State July 22, 2008.]

LEGISLATIVE COUNSEL'S DIGEST

SB 1621, Ashburn. Nursing education.

(1) Existing law establishes the Student Aid Commission as the primary state agency for the administration of state-authorized student financial aid programs available to students attending all segments of postsecondary education. Existing law establishes the State Nursing Assumption Program of Loans for Education (SNAPLE), administered by the commission, under which any person enrolled in, or a graduate of, an institution of postsecondary education or who has earned a baccalaureate or graduate level degree, and who meets the other requirements of the program, is eligible to receive a conditional loan assumption agreement, to be redeemed upon becoming employed as a full-time nursing faculty member at a California college or university.

This bill would specify that an otherwise qualified person who has obtained a baccalaureate or graduate degree from an institution of postsecondary education is eligible to receive a conditional loan assumption agreement. The bill would limit participation in the SNAPLE program to those who, at a minimum, possess a baccalaureate degree in nursing or a field related to nursing. The bill would prohibit a person who is currently teaching nursing at a regionally accredited California college or university from entering into an agreement for loan assumption.

(2) Existing law requires the commission to award loan assumption agreements to undergraduate and graduate students with demonstrated academic ability and financial need, as specified. Existing law requires that, unless an exception applies, program participants agree to teach nursing at a college or university within 12 months after obtaining an academic degree.

The bill would delete provisions of law relating to the award of loan assumption agreements to undergraduate students. The bill would make conforming changes to existing law. The bill would require a participant possessing a baccalaureate or graduate degree at the time of application to agree to teach nursing on a full-time or part-time basis commencing not more than 12 months after receiving a loan assumption award.

(3) Existing law requires a program participant pursuing a baccalaureate or graduate degree to be enrolled on at least a half-time basis each academic term and to agree to maintain satisfactory academic progress.

This bill would, unless certain exceptions apply, invalidate the loan assumption agreement if a participant fails to maintain half-time enrollment. The bill would provide that a participant who fails to maintain half-time enrollment receive a deferral of the resumption of the full liability for the loan or an extension of the loan assumption agreement for a period not to exceed one calendar year, unless approved by the commission for a longer period, under specified circumstances.

(4) Existing law extends the term of a loan assumption agreement if a program participant fails to complete one of the 3 years of teaching service on a full-time basis, or the equivalent on a part-time basis, due to specified circumstances.

This bill would, in addition, extend the term of a loan assumption agreement if a program participant fails to complete one of the 3 years of teaching service due to being called to military active duty status.

(5) Existing law requires the commission to develop and adopt a rule or regulation no later than 6 months after the operative date of a statute that adds a provision of law to the SNAPLE program.

This bill would extend this period to 12 months after the operative date of the statute that amends the program.

The people of the State of California do enact as follows:

SECTION 1. Section 70101 of the Education Code is amended to read:

70101. (a) Program participants shall meet all of the following eligibility criteria prior to selection into the program, and shall continue to meet these criteria, as appropriate, during the payment periods:

(1) The participant shall be a United States citizen or eligible noncitizen.

(2) The participant shall be a California resident who, at a minimum, possesses a baccalaureate degree in nursing or a field related to nursing.

(3) The participant shall have complied with United States Selective Service requirements.

(4) The participant shall not owe a refund on any state or federal educational grant or have delinquent or defaulted student loans.

(b) (1) Any person who has obtained a baccalaureate or graduate degree from an institution of postsecondary education, and who is participating in the loan assumption program set forth in this article, may be eligible to receive a conditional loan assumption agreement, to be redeemed pursuant to this chapter upon meeting the criteria of Section 70102.

(2) A person who is currently teaching nursing at a regionally accredited California college or university is not eligible to enter into an agreement for loan assumption under this article.

(c) (1) The commission shall award loan assumption agreements to either of the following applicants who otherwise meet the eligibility criteria of this section:

(A) An applicant who has been admitted to or enrolled in an academic program leading to a graduate level degree and demonstrates academic ability.

(B) An applicant with a baccalaureate, or baccalaureate and graduate degrees.

(2) (A) An applicant who is pursuing a graduate degree shall be enrolled on at least a half-time basis each academic term as defined by an eligible institution and shall agree to maintain satisfactory academic progress.

(B) Except as provided in subparagraph (C), if a program participant fails to maintain half-time enrollment as required by this article, under the terms of the agreement pursuant to subparagraph (A), the loan assumption agreement shall be deemed invalid. The participant shall assume full liability for all student loan obligations. The participant is excused from the half-time enrollment requirement if the student is in his or her final term in school and has no additional coursework required to obtain his or her graduate degree in nursing or a field related to nursing.

(C) Notwithstanding subparagraph (B), a program participant shall be excused from the half-time enrollment requirement for a period not to exceed one calendar year, unless approved by the commission for a longer period, if a program participant becomes unable to maintain half-time enrollment due to any of the following:

- (i) Serious illness, pregnancy, or other natural causes.
- (ii) The participant is called to military active duty status.
- (iii) A natural disaster prevents the participant from maintaining half-time enrollment due to the interruption of instruction at the eligible institution.

(3) The applicant shall have been judged by his or her postsecondary institution or employer, whichever is applicable, to have outstanding ability on the basis of criteria that may include, but need not be limited to, any of the following:

- (A) Grade point average.
- (B) Test scores.
- (C) Faculty evaluations.
- (D) Interviews.
- (E) Other recommendations.

(4) The applicant shall have received, or be approved to receive, a loan under one or more of the following designated loan programs:

(A) The Federal Family Education Loan Program (20 U.S.C. Sec. 1071 et seq.).

(B) The Federal Direct Loan Program.

(C) Any loan program approved by the commission.

(5) (A) The applicant shall have agreed to teach nursing on a full-time basis at one or more regionally accredited California colleges or universities for at least three years, or on a part-time basis for the equivalent of three full-time academic years, commencing not more than 12 months after obtaining an academic degree, unless the applicant, within 12 months after obtaining the academic degree, enrolls in an academic degree program leading to a more advanced degree in nursing or a field related to nursing.

(B) A participant who possesses a baccalaureate or graduate degree at the time of application to the program shall agree to teach nursing on a full-time or part-time basis commencing not more than 12 months after receiving a loan assumption award.

(6) An applicant who teaches on less than a full-time basis may participate in the program, but is not eligible for loan repayment until that person teaches for the equivalent of a full-time academic year.

(d) A person participating in the program pursuant to this section shall not receive more than one loan assumption agreement, and shall not be eligible to receive a grant pursuant to Article 3.51 (commencing with Section 78260) of Chapter 2 of Part 48.

SEC. 2. Section 70102 of the Education Code is amended to read:

70102. The commission shall commence loan assumption payments pursuant to this article upon verification that the participant has fulfilled all of the following:

(a) The participant has received a baccalaureate degree or a graduate degree from an accredited, participating institution.

(b) The participant has provided the equivalent of full-time nursing instruction at one or more regionally accredited California colleges or universities for one academic year or the equivalent.

(c) The participant has met the requirements of the loan assumption agreement and all other conditions of this article.

SEC. 3. Section 70103 of the Education Code is amended to read:

70103. The terms of the loan assumptions granted under this article shall be as follows, subject to the specific terms of each loan assumption agreement:

(a) After a program participant has completed one academic year, or the equivalent, of full-time teaching nursing studies at one or more regionally accredited, eligible California colleges or universities, pursuant to Section 70102, the commission shall assume up to eight thousand three hundred thirty-three dollars (\$8,333) of the outstanding liability of the participant under one or more of the designated loan programs.

(b) After the program participant has completed two consecutive academic years, or the equivalent, of full-time teaching at one or more regionally accredited California colleges or universities, pursuant to Section 70102, the commission shall assume up to an additional eight thousand three hundred thirty-three dollars (\$8,333) of the outstanding liability of the participant under one or more of the designated loan programs, for a total loan assumption of up to sixteen thousand six hundred sixty-six dollars (\$16,666).

(c) After a program participant has completed three consecutive academic years, or the equivalent of full-time teaching, at one or more regionally accredited California colleges or universities, pursuant to Section 70102, the commission shall assume up to an additional eight thousand three hundred thirty-four dollars (\$8,334) of the outstanding liability of the participant under one or more of the designated loan programs, for a total loan assumption of up to twenty-five thousand dollars (\$25,000).

(d) The commission may assume liability for loans received by the program participant to pay for the costs of obtaining the program participant's undergraduate and graduate degrees.

(e) The term of the loan assumption agreement shall be not more than 10 years from the date on which the agreement was executed by the program participant and the commission.

SEC. 4. Section 70104 of the Education Code is amended to read:

70104. (a) Except as provided in subdivisions (b) and (c), if a program participant fails to complete a minimum of three academic years of teaching on a full-time basis or the equivalent on a part-time basis, as required by this article under the terms of the agreement pursuant to paragraph (5) of subdivision (c) of Section 70101, the loan assumption agreement is no longer effective and shall be deemed terminated, and the commission shall not make any further payments. The participant shall resume responsibility for any remaining loan obligations, but shall not be required to repay any loan payments previously made through this program.

(b) Notwithstanding subdivision (a), if a program participant becomes unable to complete one of the three years of teaching service on a full-time basis, or the equivalent on a part-time basis, due to a serious illness, pregnancy, or other natural causes, or due to being called to military active duty status, the term of the loan assumption agreement shall be extended for a period not to exceed one academic year, unless extended by the commission on a case-by-case basis. The commission shall make no further payments under the loan assumption agreement until the applicable teaching requirements specified in Section 70103 have been satisfied.

(c) Notwithstanding subdivision (a), if a natural disaster prevents a program participant from completing one of the required years of teaching service due to the interruption of instruction at the employing regionally accredited California college or university, the term of the loan assumption agreement shall be extended for the period of time equal to the period from the interruption of instruction at the employing regionally accredited California college or university to the resumption of instruction. The commission shall make no further payments under the loan assumption agreement until the applicable teaching requirements specified in Section 70103 have been satisfied.

SEC. 5. Section 70105 of the Education Code is amended to read:

70105. (a) The commission shall accept nominations from accredited colleges and universities made pursuant to this article.

(b) The commission shall choose from among those nominations of graduate students and applicants who have completed their baccalaureate or graduate degrees with outstanding student loans, based upon criteria that may include, but are not necessarily limited to, all of the following:

- (1) Grades at the undergraduate level in a subject field related to nursing.
- (2) Grades in the undergraduate program.
- (3) Aptitude for graduate work in the field of nursing.
- (4) General aptitude for graduate study.
- (5) Critical human resource needs.

(c) The commission may develop additional criteria for the selection of award recipients consistent with the purposes of this article.

SEC. 6. Section 70106 of the Education Code is amended to read:

70106. (a) The commission shall administer this article, and shall adopt rules and regulations for that purpose. The rules and regulations shall include, but need not be limited to, provisions regarding the period of time for which a loan assumption agreement shall remain valid and the development of projections for funding purposes. In developing these rules and regulations, the commission shall solicit the advice of representatives from postsecondary education institutions, the Office of Statewide Health Planning and Development, and the nursing community.

(b) If this article is amended and the commission deems it necessary to adopt a rule or regulation to implement that amendment, the commission shall develop and adopt that rule or regulation no later than 12 months after the operative date of the statute that amends the article.